



WORLD BADEN-POWELL FELLOWSHIP ENROLLMENT FORM

Use for new members and current member upgrades.

Name: _____

Address: _____

City, State, Zip: _____

Country: _____ Date of Birth: _____

Email Address: _____

Telephone: _____

Register me under: _____ (country)

I accept the invitation to join the World Baden-Powell Fellowship and to make a minimum contribution of \$10,000 (U.S. dollars), payable over a period of up to three years as follows:

U.S. \$10,000 in full payment in 20 _____ U.S. \$5,000 as first installment in 20 _____

U.S. \$2,500 as first installment in 20 _____

U.S. \$2,500 as first installment in 20 _____

NOTE: Please make check payable to the National Boy Scouts of America Foundation and send the completed form to:

Administrator
United States Fund for International Scouting
National Boy Scouts of America Foundation
P.O. Box 152079
Irving, TX 75015-2079

Baden-Powell Fellowship Levels of Giving

Baden-Powell Fellow	\$10,000 (each individual)
Benefactor's Circle	\$25,000 (cumulative gifts)
International Circle	\$50,000 (cumulative gifts)
Chairman's Circle	\$100,000 (cumulative gifts)
Regal Circle	\$1,000,000 (cumulative gifts)

Note: People under 30 may join with a single payment of U.S. \$1,000, and decide at the age of 35 to continue their membership by pledging to pay the remaining U.S. \$9,000.

Signature

Date