



MID-AMERICA
COUNCIL, BSA

UNIT Final Recharter Checklist

DISTRICT _____ UNIT # _____
(Circle One) PACK TROOP CREW SHIP

Contact your Unit or District Commissioner for assistance with rechartering before contacting the Council Office please.

PLEASE ATTACH THIS FORM TO YOUR CHARTER RENEWAL PAPERWORK WHEN SUBMITTING IT TO YOUR COMMISSIONER or COUNCIL EMPLOYEE.

- | | |
|---|---|
| 1 | I have attached a printed copy of the Charter Renewal Application. The Application is _____ pages. |
| 2 | The Chartered Organization Representative or Institutional Head has approved the charter online. |
| 3 | I have attached _____ Youth Membership Applications for new youth and added to the roster as listed on Page 1, signed by CM/CC/CR |
| 4 | I have attached _____ Adult Membership Applications for new adult leaders added to the roster as listed on Page 1. |
| 5 | New Adult Applications are signed in two (2) places by the applicant (Disclosure & Application pages). |
| 6 | New Adult Applications are signed by the Chartered Organization Representative (COR) or the Institutional Head (IH), and Youth Protection Training Certification is attached. |

Name of Person who completed Charter

Phone Number

E-Mail Address

Next Year Fees (for 2024)

# of Paid Youth	<input style="width: 80%;" type="text"/>	x \$150	<input style="width: 80%;" type="text"/>
# of Multiple Youth	<input style="width: 80%;" type="text"/>		
New Member Fee	<input style="width: 80%;" type="text"/>	x \$25	<input style="width: 80%;" type="text"/>
# of Paid Adults	<input style="width: 80%;" type="text"/>	x \$50**	<input style="width: 80%;" type="text"/>
# of Multiple Adults	<input style="width: 80%;" type="text"/>		
# of Scout Life	<input style="width: 80%;" type="text"/>	x \$15	<input style="width: 80%;" type="text"/>
National Charter Fee	<input style="width: 100%;" type="text"/>		
Total Registration Costs	<input style="width: 100%;" type="text"/>		
# of Subscription Plan (Includes Scout Life)			
Youth	<input style="width: 80%;" type="text"/>	(-\$165 ea)	<input style="width: 80%;" type="text"/>
Total Financial Assistance (enter as negative)	<input style="width: 100%;" type="text"/>		
GRAND TOTAL FEES DUE	<input style="width: 100%;" type="text"/>		

Charter Review @ District Level

Date Received

Reviewed By:

Received From:

Please list multiple youth and adults here, what unit they are a multiple in and which unit is paying.

Payment Method for 2024 Charter

Check	<input style="width: 80%;" type="text"/>	
Unit Account	<input style="width: 80%;" type="text"/>	ACH <input style="width: 80%;" type="text"/>

**If unit has ACH set up you may use for payment.*
Credit Card - Please call Member Services at 402-431-9272 (3% Convenience Fee will be applied)

**Checks should be made payable to :
MID-AMERICA COUNCIL**

(Online recharter system will not display correct fees)

Please list any youth who have been awarded Financial Assistance by the Council and the amount awarded.

DO NOT PAY ONLINE VIA THE CHARTER RENEWAL SYSTEM. If there are errors or changes, there is no refund.

\$60 for adults for charters not completed by 11/30