

Before signing this registration form, the alumni network member must have read, accepted and understood the following conditions of membership:

DECLARATION OF MEMBERSHIP

I accept that the alumni network contributes towards SCOUTS South Africa’s goal of empowering young people in achieving their full potential as individuals and responsible citizens.

I accept and understand that as a member of the Alumni Network I am required to adhere to the SCOUTS South Africa Code of Conduct and Policies. These can be found on <https://www.scouts.org.za/members/resources/>

I accept that an annual membership fee will be payable to SCOUTS South Africa on registration and every year thereafter until I cancel my membership in writing to alumni@scouts.org.za.

The annual membership fee is payable to SCOUTS South Africa, NEDBANK – Foreshore Cape Town, Branch Code – 108309, Account number – 1083278509. Ref: Alumni {surname}.

I accept the need/requirement to undertake training - within policies laid down by SCOUTS South Africa - in the event I decide to transfer to an Adult Leadership role.

I agree and authorise that photo’s, statements, audio – visual recordings, video and sound bites taken, recorded and collected from me during activities with SCOUTS South Africa may be used free of charge and at the discretion of SCOUTS South Africa as part of their marketing, communication and fundraising campaigns.

I agree that my contact information kept in a national alumni network database may be shared with regional alumni representatives so they are able to contact me if opportunities to support or attend group, district or regional events may arise.

PROTECTION OF PERSONAL INFORMATION ACT (2013) I consent to SCOUTS South Africa processing any personal information I supply to them for the purpose of administering and maintaining my membership of SCOUTS South Africa.

Alumni Member Name _____ Signature _____ Date _____

The completion of the fields below is optional.

ADDITIONAL Information

Work/ professional Experience

Employer:

Interests / Hobbies:

What would you like to experience / engage in as a SSA Alumni Member?

TRAINING:

AWARDS: (Include highest Scout / Guide Award)

Course	Date	Certificate No.	Award	Date