



Malibu Lodge Unit Election Form

2016 PRINTING

Scoutmaster / Crew Leader: This form can be found at <http://malibulodge.org> under Lodge Forms. The form can be filled out using a computer. **Please email a copy to the Chapter Chief or bring an electronic copy to your meeting?**

Troop or Team (Circle one) Unit #: _____ **District:** _____

Number of Registered Active Youth: _____ **Number of Youth Present:** _____ **Number Votes needed for election:** _____

Scoutmaster Name: _____ **Telephone: Home:** _____

Scoutmaster E-mail: _____ **Cell:** _____

At least half of the active youth members must be present to hold an election. Youth must receive 50% of the total vote of youth present to be elected. Number is rounded up for the number of votes needed. Young male adults over 18 and under 21 may also vote.

ELECTED <input type="checkbox"/> Y <input type="checkbox"/> N	Scout Name: _____	DOB: _____	Telephone: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____		City: _____	Zip Code: _____	
Scout E-mail: _____		BSA ID: _____		
Parent Name: _____		Telephone: Home _____		
Parent's E-mail: _____		Cell _____		
ELECTED <input type="checkbox"/> Y <input type="checkbox"/> N	Scout Name: _____	DOB: _____	Telephone: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____		City: _____	Zip Code: _____	
Scout E-mail: _____		BSA ID: _____		
Parent Name: _____		Telephone: Home _____		
Parent's E-mail: _____		Cell _____		
ELECTED <input type="checkbox"/> Y <input type="checkbox"/> N	Scout Name: _____	DOB: _____	Telephone: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____		City: _____	Zip Code: _____	
Scout E-mail: _____		BSA ID: _____		
Parent Name: _____		Telephone: Home _____		
Parent's E-mail: _____		Cell _____		
ELECTED <input type="checkbox"/> Y <input type="checkbox"/> N	Scout Name: _____	DOB: _____	Telephone: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____		City: _____	Zip Code: _____	
Scout E-mail: _____		BSA ID: _____		
Parent Name: _____		Telephone: Home _____		
Parent's E-mail: _____		Cell _____		
ELECTED <input type="checkbox"/> Y <input type="checkbox"/> N	Scout Name: _____	DOB: _____	Telephone: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____		City: _____	Zip Code: _____	
Scout E-mail: _____		BSA ID: _____		
Parent Name: _____		Telephone: Home _____		
Parent's E-mail: _____		Cell _____		

Scoutmaster Certification: _____

Election Team Leader (Print Name): _____ **Date of election:** _____

Troop/Team Leaders: If you complete this form online, please print up three copies and bring to your Troop/Team Meeting. Copies go to the following individuals: Scoutmaster, Chapter and Lodge Secretary Page ___ of ___