

Unit Election Results Submission Form

The Election Team needs to fill the members.lodge104.com should it	his form out after each election mail in the following form to N	IO LATER THAN I	MAY 1 st (for S	Spring Inductions) or	
SEPTEMBER 1 st (for Fall Fellow Troop:	ship) to the Lodge Records A Chapter:	Advisor. See section	ection A for mailing address. Date:		
	Candidate I	nformation			
1 Name:		DOB (MM/DD/YYYY):		BSA ID#:	
Address:	City:			Zip:	
Phone:	Email:	Nutritional R		Requirements:	
2 Name:		DOB (MM/DD/Y		BSA ID#:	
Address:	City:			Zip:	
Phone:	Email:	Nutritional F		Requirements:	
3 Name:	DOB (MM/E		YY):	BSA ID#:	
Address:	City:			Zip:	
Phone:	Email:	Nutritional		Requirements:	
4 Name:		DOB (MM/DD/YYYY):		BSA ID#:	
Address:		City:		Zip:	
Phone:	Email:		Nutritional Requirements:		
5 Name:		DOB (MM/DD/YYYY):		BSA ID#:	
Address:		City:		Zip:	
Phone:	Email:		Nutritional Requirements:		
6 Name:		DOB (MM/DD/YYYY):		BSA ID#:	
Address:		City:		Zip:	
Phone:	Email:		Nutritional Requirements:		



7 Name:		DOB (MM/DD/YYYY):		BSA ID#:	
Address:		City:		Zip:	
Phone:	Email:		Nutritional F	Requirements:	
8 Name:		DOB (MM/DD/YY	YY):	BSA ID#:	
Address:		City:		Zip:	
Phone:	Email:		Nutritional F	Requirements:	
9 Name:		DOB (MM/DD/YYYY):		BSA ID#:	
Address:	City:			Zip:	
Phone:	Email:	Nutritional R		Requirements:	
10 Name:		DOB (MM/DD/YY	YY):	BSA ID#:	
Address:		City:		Zip:	
Phone:	Email:	nail: Nutrition		al Requirements:	
11 Name:		DOB (MM/DD/YY	YY):	BSA ID#:	
Address:		City:		Zip:	
Phone:	Email:		Nutritional Requirements:		
12 Name:	DOB (MM/DD/Y		YY):	BSA ID#:	
Address:	City:			Zip:	
Phone:	Email:		Nutritional Requirements:		
13 Name:		DOB (MM/DD/YYYY):		BSA ID#:	
Address:		City:		Zip:	