

The Scout is to fill out the following application:

Application

Print name _____

Street _____

City _____ State ____ Zip _____

Age _____ Grade in school _____ Rank _____

Unit no. _____ Meeting place _____

Council name _____ No. _____

Headquarters city _____ State ____ Zip _____

Rabbi or counselor _____

Name of organization _____

Street _____

City _____ State ____ Zip _____

Certification

This is to certify that

Name (Print)

has fulfilled the requirements of the Ner Tamid program. He is worthy of the emblem.

Date _____

Unit leader

Parent or guardian

Rabbi or counselor

Local council Jewish committee (If one exists)

Certification by the local council

To Order the Emblem

Ship to:

Name

Street

City

State

Zip

Telephone

Send total payment of \$11 plus \$1 postage (check or credit card) with this page. If paying by credit card, please provide the following information:

Circle one:

MasterCard

Visa

Cardholder's name _____

Cardholder's address _____

City _____ State ____ Zip _____

Account no. _____ - _____ - _____ - _____ Expiration date _____

Signature _____

Orders received without payment will be returned. Prices are subject to change without notice.

Total amount enclosed: \$ _____

Checklist

1. Is the application section completed?
2. Have all necessary signatures been obtained?
3. Is payment enclosed? (The local synagogue, center, troop, or local council Jewish committee usually pays for the emblem.)

Mail the completed application and check to:

National Jewish Committee on Scouting
 c/o P.R.A.Y.
 8520 Mackenzie Road
 St. Louis, MO 63123-3413
 314-638-1017

Fax service is available for a \$4 charge; fax 314-638-7250.