



Crossroads of America Council, BSA

Join NESA Crossroads

THE CROSSROADS OF AMERICA COUNCIL EAGLE SCOUT ALUMNI ASSOCIATION

Eagle Scout Information:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Year Eagle Scout Rank Earned: _____ City / State Eagle Rank was Earned: _____, _____

H: Phone # (____) _____ - _____ M: Phone # (____) _____ - _____ B: Phone # (____) _____ - _____

Organization / Business: _____ Title / Position: _____

E-mail Address: _____

Are you currently registered in a Scouting Position? Yes / No - *(If "No" - Skip to Interest Survey)*

District: _____ Position: _____

Circle One: Troop / Pack / Crew / Team / Post # _____ -or - District / Council Registration

Interest Survey:

What do you hope to gain from being a member of NESA Crossroads? (Check all that apply)

- Networking - Social Opportunities with Other Eagle Scouts - Career Advise
- Service Opportunities - Mentoring Opportunities - Camping / High Adventure
- Recognition of New Eagle Scouts - Other - _____

How often are you interested in taking part in NESA Crossroads events and activities?

- Weekly - Bi-Weekly - Monthly - Bi-Monthly - Quarterly - Semi-Annually - Annually

When would you most likely be able to take part in NESA Crossroads events and activities?

- Morning (Breakfast) - Afternoon (Lunch) - Evening (Dinner) - Weekends

Please submit completed form to:

Arvin Fontarum, NESA Advisor, 7125 Fall Creek North, Indianapolis, IN 46256, or fax to: (317) 813-7126

For more information, visit us online at: www.crossroadsbsa.org/nesa