EXPLORING Charter Checklist

Date: _____ District: _____ Unit: _____

Recharter _____   S/R Unit _____   New Unit _____   Exp. Date of Unit: _____ # of Months: _____

	Quantity	Fee	Total	For Office Use only		
				Adjusted Quantity	Adjusted Total	
Paid Youth ($3 per month)	_____ @	36	$ _____	_____	$ _____	
Paid Adults ($3 per month)	_____ @	36	$ _____	_____	$ _____	
Multiple Adults	_____ @	xxxx	xxxxx	_____	xxxxx	
Unit Charter Fee			$60.00		$60.00	
Subtotal before Insurance	Pd Y + Pd A + $60 =		$ _____	_____	$ _____	
Insurance	_____ @	$2.00	$ _____	_____	$ _____	
Total Fees	Subtotal before Insur + Total Insur =		$ _____		$ _____	
Amount on File (Located on Membership Money Log)			$ _____		$ _____	
Amount Enclosed (Must have receipt attached)	(Include Spec Asst here if requested)		$ _____		$ _____	
Amount Due	Total Fees - Amount on File =		$ _____		$ _____	

PLEASE CHECK THAT THE FOLLOWING HAS BEEN COMPLETED:	MTC Office Staff Initials
1. Memorandum signed and attached. **MUST BE INCLUDED WITH ALL RECHARTERS**	
2. Signature of Intuitional Head approving recharter.	
3. Signature of Unit Leader approving recharter.	
4. Applications attached for any new youth or adults	
5. Check that Units Numbers & birthdates are on Youth and Adult Applications	
6. All Adults apps signed by PCC, have Position listed, and Soc. Sec. Number Included	
7. YPT has been completed on **ALL** Registered Adults that are being rechartered	
8. **ALL** registered adults have a signed criminal background disclosure statement either turned in or on file	
9. Exploring: EA___ PCC___ PMC___ PMC___ IH___	
10. For **NEW UNITS**: A New Unit Application completed with preapproved unit number on the application	
11. If unit is changing charter partners, New Unit Application **AND** Release **MUST** be attached for new charter	

District Executive: By signing I verify all steps have been completed to the best of my knowledge: _____ Date: _____

Manager: By signing I verify all steps have been completed to the best of my knowledge: _____ Date: _____

Unit Leader Name: _____

Unit Leader Phone: _____

Unit Leader Email: _____

Unit Leader Signature: _____