



# Unit/Council Form

New       Adjustment of Information       Closing       Re-Opening

**PLEASE PRINT**

**TYPE OF UNIT (Please check)**

- |                       |                          |                  |                          |                         |                          |                    |                          |
|-----------------------|--------------------------|------------------|--------------------------|-------------------------|--------------------------|--------------------|--------------------------|
| 1. Spark Unit         | <input type="checkbox"/> | 2. Brownie Unit  | <input type="checkbox"/> | 3. Guide Unit           | <input type="checkbox"/> | 4. Pathfinder Unit | <input type="checkbox"/> |
| 5. Ranger Unit        | <input type="checkbox"/> | 6. Cadet Unit    | <input type="checkbox"/> | 7. Senior Branches Unit | <input type="checkbox"/> | 8. Trex Unit       | <input type="checkbox"/> |
| 9. Extra Ops Unit     | <input type="checkbox"/> | 10. Guiding Unit | <input type="checkbox"/> | 11. Link Unit           | <input type="checkbox"/> | 12. Trefoil Guild  | <input type="checkbox"/> |
| 13. Local Association | <input type="checkbox"/> |                  |                          | 14. Committee           | <input type="checkbox"/> | 15. Council        | <input type="checkbox"/> |

**Name of Unit:** \_\_\_\_\_

**District** \_\_\_\_\_ **Division** \_\_\_\_\_ **Area:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Date Established:** \_\_\_\_\_ **iMIS#:** \_\_\_\_\_

**Address of Meeting Place:** \_\_\_\_\_

**Meeting Day:** \_\_\_\_\_ **Meeting Start Time:** \_\_\_\_\_

**Meeting Frequency**  Weekly **Meeting End Time:** \_\_\_\_\_

Bi-weekly

Monthly

Other \_\_\_\_\_

**Date** \_\_\_\_\_ **Opened by** \_\_\_\_\_ **Guider (contact)** \_\_\_\_\_  
Signature

**IF CLOSING:**

**Effective Date:** \_\_\_\_\_ **Reason:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note if the closure applies to a district, division or area council the Provincial/Territorial Commissioner signature must appear below:**

_____	_____	_____
<b>Date</b>	<b>Name of Provincial/Territorial Commissioner</b>	<b>Signature</b>

**Outstanding funds have been:**

**Deposited in:** **Account No:** \_\_\_\_\_

**Bank:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Withdrawn and deposited with the Council concerned**

_____	_____	_____
<b>Date</b>	<b>Signature</b>	<b>Position</b>