

Aetna Better Health[®] of Kansas

Boy Scouts Enrollment Form

Club Name: _____

_____ New Club Membership

_____ Club Membership Renewal

Document presented to verify member eligibility*

_____ Member ID Card

_____ Other

**Review only. Do not retain copies.*

Child(ren)'s Name(s)

Member KanCare ID#

Parent/Guardian Name: _____

Contact Information (phone or email): _____

Parent/Guardian Signature: _____ Date: _____

Member Address: _____

City: _____ State: _____ ZIP: _____

Complete this form and take it to the nearest Boy Scouts organization.

Visit <https://beascout.scouting.org> to find a location near you.

