

AFFINITY GROUP APPLICATION

National Eagle Scout Association (NESA)



Local Affinity Group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
National Affinity Group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Check "Yes" for both if Local <i>and</i> National)		

You may mail, fax or scan and email this form to:

National Eagle Scout Association

P.O. Box 152079
Irving, TX 75015

Fax: 972-580-7870

Email: NESA@scouting.org

Primary Contact Information

NAME _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ EMAIL _____

"NESA Affinity Groups have the unique ability to assist members in a deep and meaningful way as well as give an avenue for them to utilize their unique gifts, talents, and vocations for better Scouting." – Lou Paulson, NESA Vice-Chair

APPLICATION PROCESS

Any interested parties that wish to form a NESA Affinity Group must fill out the **Affinity Group Application** and review the **NESA Affinity Group Handbook**. The **Affinity Group** must also identify its leader, purpose, and goal(s). **Affinity Groups** must identify a minimum of five committee members that will assist in the implementation of **Affinity Group** operations. If the **Affinity Group** has a logo concept, it, too, must be presented for approval.

Local affinity groups must obtain approval from the local council NESA Committee.

Applications will be reviewed by the NESA Vice Chair of Affinity Groups. Final approval of **Affinity Groups** will be done through a vote of the National NESA Committee (held quarterly).

In exchange for that approval NESA will list the **Affinity Group** on its website and promote activities on social media as practical.

Affinity Groups will be informed in writing of their approval and must acknowledge the terms and conditions placed on them by NESA, those terms will include but are not limited to the following:

- a. All members must be members of NESA (*NESA membership dues enable NESA to maintain the Eagle Scout database and help provide support to local councils and NESA committees across the nation.*)
- b. Access to the Affinity Group's membership roster by NESA
- c. Summary report on activities or accomplishments at least once a year or when requested by NESA
- d. Outline before January of the Groups goals for the upcoming year
- e. Compliance with NESA social media program and content. Including allowing NESA to have administrative access to social media accounts of the group.
- f. Groups agree not to use the NESA name or symbol on any merchandise or publications without the approval of NESA

Review of effectiveness of Affinity Groups will be done every **two** years by the Vice President of Affinity Groups in consultation the Affinity Group's Leadership.

AFFINITY GROUP APPLICANT SIGNATURE _____ PRINT NAME _____

SIGNATURE OF COUNCIL NESA CHAIR _____ DATE _____

NATIONAL NESA COMMITTEE CERTIFICATION _____ DATE _____



Name of NESA Affinity Group

How many Eagle Scouts may potentially join your Affinity Group?

Feel free to attach additional documentation to this application

What is the NESA Affinity Group's Purpose & Goals?

What is your NESA Affinity Group's potential service to local and/or national Scouting efforts, specifically in terms of securing financial and volunteer support?

How will your NESA Affinity Group serve individual members?

Please describe any potential events your NESA Affinity Group may hold

NESA Affinity Group Member Names (min. 5) - Note all members must be a member of NESA

1.
2.
3.
4.
5.

Please send any logo concept NESA@Scouting.org SUBJECT: NESA AFFINITY GROUP LOGO CONCEPT