



2009 Membership Renewal Form

Membership Year Jan.1 - Nov. 30, 2009

Membership dues pay for your national registration plus the regular operating costs of the lodge and they entitle you to attend lodge functions, wear the lodge flap, and receive all lodge publications. If your lodge dues for 2009 are not paid by May 17, 2009, you can be dropped from the active membership database.

INSTRUCTIONS

1. Complete the "Required Information" portion of this form.
2. If any information has changed from last year, complete the "Additional Information" portion of the form.
3. Submit this form, along with payment of **\$10.00** to the council service center. (The lodge does not charge reactivation fees.)
Please print clearly.

REQUIRED INFORMATION

FIRST NAME: _____ MI: _____ LAST NAME: _____ SUFFIX: _____
 DISTRICT/CHAPTER: _____ DATE OF BIRTH: _____
 PRIMARY REGISTRATION WITH *(Circle Unit Type) (If Applicable)*
 PACK / TROOP / CREW / POST / SHIP / DISTRICT / COUNCIL UNIT #: _____
 PERSON ID*: _____

*Person ID is the number found on your current BSA Membership Card. This number helps us verify your membership in the BSA, which is required. Individuals not registered with the BSA cannot register with the Order of the Arrow lodge.

None of my other information has changed from last year. (Skip this section.)

ADDITIONAL INFORMATION

ADDRESS: _____
 PHONE NUMBER: _____
 CITY: _____ STATE: _____ ZIP: _____
 E-MAIL ADDRESS: _____ ARE YOU AN EAGLE SCOUT? NO YES

Check here if you do not wish to be added to the e-mail list.

Date of award: _____

I am transferring my registration from another lodge. (Please complete this section.)

TRANSFER INFORMATION*

TRANSFER COUNCIL NAME: _____
 CITY: _____ STATE: _____
 ORDEAL DATE: _____
 BROTHERHOOD DATE: _____
 VIGIL DATE: _____
 VIGIL INDIAN NAME: _____
 VIGIL NAME MEANING: _____

***Note:** To ensure accuracy of transfer, please attach to this form, copies of any records you may have to substantiate the information provided here. By submitting this form, you are authorizing the lodge to contact your old council to verify membership records.

Method of Payment

Card Number: _____ - _____ - _____ - _____
 Expiration Date: _____ / _____

The cardholder agrees to the amount shown above and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

- X _____
 _____ Cash (in person only)
 _____ Check (mail or in person, make payable to **Baden-Powell Council, BSA**)
 _____ Credit Card (fax, mail or in person)
 Visa or MasterCard Only

Please return this completed form to:

Baden-Powell Council, BSA • Attn: OA • PO Box 66 • Binghamton, NY 13903-0066 • Fax: 607-648-7895

To receive confirmation of your renewal, please send a self addressed stamped envelope in to the office with this form.