



2010 Membership Update and Dues

Kawida Lodge Order of the Arrow

A 2008 Quality Lodge

Blue Grass Council BSA, 3473 Yorkshire Medical Plaza - Lexington, KY 40509

Phone: 859-231-7811

www.kawida.org



Personal Information

Please check here if you are submitting information to be updated (i.e., change of address, new phone, etc.)

Last Name, First, Middle

____/____/____
Birth Date (M/D/Y)

E-mail Address (VERY IMPORTANT)

Scout Adult (21+)

Mailing Address

Ordeal

City, State, Zip

Brotherhood

Home Phone Alternate Phone

Vigil

Current Leadership Position in Scout Unit

Unit Number

Ordeal Location

____/____/____
Ordeal Date

____/____/____
Brotherhood Date

____/____/____
Vigil Date

Vigil Indian Name (In English and / or Delaware Indian language)

Photo Release:

I, being the parent/legal guardian of the Scout listed above, hereby consent that his image or likeness may be used by the Blue Grass Council for future promotional pieces. This authorization shall remain in effect until revoked by me in writing.

By: _____, parent or guardian Date: _____

Service

Please select areas of interest:

- | | | |
|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Elangomat | <input type="checkbox"/> Leadership | <input type="checkbox"/> Awards |
| <input type="checkbox"/> Service | <input type="checkbox"/> Cooking | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Banquet | <input type="checkbox"/> Ceremony | <input type="checkbox"/> Dance Team |
| <input type="checkbox"/> Training | <input type="checkbox"/> Elections | <input type="checkbox"/> Events |

Dues

Dues for 2010

OA MEM



\$15.00

Mail to: Blue Grass Council BSA, 3473 Yorkshire Medical Plaza, Lexington, KY 40509

Fax number 859-252-3785

FOR LODGE OFFICE USE ONLY:

Dues	\$ _____	_____	_____
	Amount Paid	Invoice Number	Date dues paid
Data	_____	_____	_____
	Entered in DB	Member card given	Processed by