

Penateka Lodge

Texas Trails Council, #561

Dues Payment & Membership Transfer Form

Name: _____
Last Name First Name Middle Name/Initial Title (Jr., Sr., II, etc.)

Address: _____

City: _____ State: _____ Zip+4: _____

Phone: Home (____) ____ - ____ Alternate (____) ____ - ____

Birth Date ____ / ____ / ____ Youth (Under 21) ____ Adult ____

E-mail address _____

Occupation (Adults Only) _____

District: _____

Unit Type _____ Unit Number _____ Reg ID _____
(Pack, Troop, Post)

Circle One: Ordeal Brotherhood Vigil

Complete this section ONLY if transferring from another lodge

Former Lodge Name _____

Ordeal Date ____ / ____ / ____ Provide dates of the membership levels attained, leaving blank any level not applicable. Please provide evidence of membership in your former lodge (a copy of your membership card, vigil certificate, or letter of transfer from your former lodge). In absence of this proof, membership level must be determined and approved by the Penateka

Brotherhood Date ____ / ____ / ____

Vigil Date ____ / ____ / ____

level must be determined and approved by the Penateka

Lodge Adviser or one of his associate advisers. Vigil Honor membership level will be verified with the Order of the Arrow national headquarters.

Be sure to fill out both sides of this form. Fill in all appropriate blanks completely (Please type or print legibly) including the return address on the back.

A new Medical Release Form is required each year. The state of Texas requires this medical form to have a complete shot record with dates for youth and last tetanus booster date for adults. It must be signed and dated by the member if for an adult, or a parent or guardian if for a youth member.

Current dues paid status and a complete and signed Medical Release form are pre-requisites for participation in ANY Lodge or Chapter activity.

Annual dues are \$ 8.00 per calendar year, starting for CY 2004 and expiring on December 31st of each year. The dues are not pro-rated and are the same when paid any time during the year. "Life" membership in Penateka is available for \$150.00.

Make checks payable to: Order of the Arrow, BSA. Mail or carry this completed form with payment to:

Texas Trails Council, BSA
Penateka Lodge Membership
1208 N. 5th
Arlene, TX. 79601
(Send or bring this entire form intact – Do Not Separate)

Send/Bring entire form intact – Do Not Separate

Penateka Lodge – Medical Release Form

Member Name _____
Last Name First Name Middle Name/Initial Title (Jr., Sr., II, etc.)

Medical Insurance _____
Policy Holder's Name Name of Insurance Company Policy or Certificate Number

Have or had difficulty with (check if yes):

- Asthma / Lungs Convulsions Heart Trouble Digestion Eyes, ears, nose, throat
 Fainting Spells Diabetes Bleeding Disorders Sleep Walking
 Any condition that may require special care, medication, or diet? If yes, Explain: _____

None of the above applies

Any condition now requiring medication? No Yes Name of medication: _____

Allergy to any medication, food, plant, animal, or insect toxin? No Yes Explain: _____

Immunization – Date of last inoculations (Dates Required – Do NOT write "Current". ADULTS – Complete Tetanus only)

____ / ____ / ____ Diphtheria ____ / ____ / ____ Measles ____ / ____ / ____ Tetanus
____ / ____ / ____ Mumps ____ / ____ / ____ Rubella ____ / ____ / ____ Polio
____ / ____ / ____ Pertussis

Medical Page 1

Your Name _____
 Address _____
 City, State, Zip _____

Indicate areas of interest where you would like to participate:

- | | |
|--|--|
| <input type="checkbox"/> Camp Promotions | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Fellowships | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Annual Banquet | <input type="checkbox"/> Trading Post |
| <input type="checkbox"/> Section Conclave/Events | <input type="checkbox"/> Drum Team |
| <input type="checkbox"/> Brotherhood Guide/Walk | <input type="checkbox"/> Lodge Engraving Service |
| <input type="checkbox"/> Ceremonies | <input type="checkbox"/> Membership Registration |
| <input type="checkbox"/> Dance Team | <input type="checkbox"/> Event Registration |
| <input type="checkbox"/> Pow Wow | <input type="checkbox"/> Ordeal Registration |
| <input type="checkbox"/> Indian Lore | <input type="checkbox"/> Unit Elections |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Ordeals |
| <input type="checkbox"/> Membership Contact | <input type="checkbox"/> Elangomats |
| <input type="checkbox"/> Penateka Newsletter | <input type="checkbox"/> Lodge Training |
| <input type="checkbox"/> National OA Conference | <input type="checkbox"/> Internet Web Site |
| <input type="checkbox"/> National Jamboree | <input type="checkbox"/> Lodge Operations Manual |
| <input type="checkbox"/> Lodge Forms | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Lodge Rules | <input type="checkbox"/> Service to America |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Camp Service |
| <input type="checkbox"/> OA Representative | <input type="checkbox"/> Scoutreach Mentoring |
| <input type="checkbox"/> Lodge/Chapter mailouts | <input type="checkbox"/> Chapter News |

List any other skills or talents you would be willing to offer:

Send/Bring entire form intact – Do Not Separate

Use this space to provide any additional information that medical personnel might need to know:

Authorization for Medical Treatment

The health history provided on this form (both Page 1 and Page 2) is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted on this form. In the event of an emergency (and I cannot be reached), I hereby give my permission to the physician, selected by the adult leader in charge, to treat, hospitalize, secure proper anesthesia, or to order injection for the person herein described.

 Members Signature Date

 Signature of Parent or Guardian (Required if Member is under 21 years of age) Date

Home Phone (_____) _____ - _____ Emergency Contact Phone (_____) _____ - _____