





UH-TO-YEH-HUT-TEE LODGE  
ORDER OF THE ARROW

MEMBERSHIP INFORMATION REQUEST FORM

Please print.

**Name:**

Title	First	Middle	Last	Suffix	Nickname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Mailing Address:**

Line 1 \_\_\_\_\_ Line 2 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Country:  USA  Other \_\_\_\_\_

**Telephone Numbers:**

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
 School: \_\_\_\_\_ Which of these is your primary number:  Home |  Mobile |  Work |  School  
 Pager: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Work Fax: \_\_\_\_\_

**Other:**

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
 Email Address(es): \_\_\_\_\_  
 Adult T-Shirt Size:  S  M  L  XL  2XL  3XL  Other \_\_\_\_\_

**BSA Registration:**

Unit  District  Council  Other \_\_\_\_\_ BSA Person ID: \_\_\_\_\_  
 Type of Unit:  Pack  Troop  Team  Crew  Ship Unit Number \_\_\_\_\_  
 Chapter (District):  Abiaca (Suncoast)  Calusa (Skyway)  
 Gischileu (Lake Region)  Netopolis Tachquiwi (Ft Brooke)  Osceola (Miccosukee)  
 Pèthakhuwe (Timucua/Thunderbird)  Withlacoochee (Withlacoochee)

**Membership Record:**

Candidate  Ordeal  Brotherhood  Vigil Honor  
 Date of Election (if Youth) or Nomination (if Adult) \_\_\_\_\_ Date of Call-Out \_\_\_\_\_

**Ordeal**  
 Date \_\_\_\_\_ Clan \_\_\_\_\_ Event Name \_\_\_\_\_  
 Location \_\_\_\_\_ Lodge Name/No \_\_\_\_\_

**Brotherhood**  
 Date \_\_\_\_\_ Location \_\_\_\_\_  
 Lodge Name/No \_\_\_\_\_ Council Name/No \_\_\_\_\_

**Vigil Honor**  
 Selection Date \_\_\_\_\_ Certificate Date \_\_\_\_\_ Induction Date \_\_\_\_\_  
 Location \_\_\_\_\_ Lodge Name/No \_\_\_\_\_  
 Council Name/No \_\_\_\_\_  
 Indian Name \_\_\_\_\_  
 English Translation \_\_\_\_\_  
 Vigil Honor Sponsor \_\_\_\_\_

**Membership Transfer Record** (If you are transferring your membership from another lodge)

Are your dues currently paid up?  Yes (Expiration Date: \_\_\_\_\_)  No  
 Lodge Name & Number \_\_\_\_\_ Council Name & Number \_\_\_\_\_  
 Contact Information of lodge records keeper for verification: Name \_\_\_\_\_  
 Mailing Address/Email Address/Phone: \_\_\_\_\_