



# 2019 Annual Registration

**Please Print Clearly for Accuracy**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (circle one: Home Mobile Work)

Preferred Email Address: \_\_\_\_\_

Unit# \_\_\_\_\_ (circle one: Troop or Crew) BSA# \_\_\_\_\_

Order of the Arrow Honor (For new members only – does not apply to current members):

Ordeal: Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Council: \_\_\_\_\_

Brotherhood: Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Council: \_\_\_\_\_

Vigil: Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Council: \_\_\_\_\_

Vigil Name \_\_\_\_\_

English Translation: \_\_\_\_\_

**You must be registered with Columbia-Montour Council or one of its units to be an active member in Wyona Lodge 18**

**All Members: \$10.00** (deadline January 31, 2019) \$ \_\_\_\_\_

**Late Registration: \$15.00** (February 1, 2019 and after) \$ \_\_\_\_\_

**Ordeal Members: \$15.00** (if more than 2 years 10 months since Induction) \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Mail (checks only) or present form to office with a completed Part A and C Medical Form.

Make check payable to: **Columbia Montour Council, BSA** (in memo line please add **OA Dues 2019**)

Mail this form, completed health form, and check to: Wyona Lodge 18, Membership

Columbia-Montour Council, BSA  
5 Audubon Court  
Bloomsburg, PA 17815

For Office Use	
Date:	_____
Fee:	_____
\$	_____
Method of payment:	
(Circle One)	
Cash	Check Credit
Check #:	_____