



For Advisor Use Only	
Receipt #:	_____
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Cash:	_____ Check #: _____
Date:	_____
Chapter Advisor:	_____
Advisory Comm.:	_____

# 2010 Dues & Information Sheet

Please complete the information below and submit this form with **\$10.00** for 2010 OA Lodge Dues.

*Check box if personal information below has changed.*

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Unit #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Check one:  Adult  Youth

Honor Level:  Ordeal  Brotherhood  Vigil Check one:  Male  Female

*Complete information below only if you are a new Lodge member or information is being updated.*

<p><b>Date you obtained the following honor level(s) (please put approximate date if actual date is unknown):</b></p> <p>Ordeal: _____</p> <p>Brotherhood: _____</p> <p>Vigil: _____</p>	<p><b>List OA Position currently held (if applicable):</b></p> <p>_____</p> <p><b>List past OA Positions held (if applicable):</b></p> <p>_____</p>
<p><b>List name and date of any OA awards received :</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Past affiliations with other Lodges:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

**This form must be submitted with fees. Each person must use a separate form.**

You may submit this form with fees to:  
 Quapaw Area Council  
 3220 Cantrell Road  
 Little Rock, AR 72202



You may also give this form  
 with fees to your  
 Chapter Advisor.