



Jaccos Towne Lodge Dues Form

\$15
YEARLY DUES

Please turn in this form, with payment, at any Lodge or Chapter meeting, event, or by mail to:
Crossroads of America Council, Attn: OA Staff Adviser, 7125 Fall Creek Road North, Indianapolis, IN 46256

Last Name _____ First Name _____ MI _____
 Birthdate _____ Unit Type & No. _____ BSA Membership No. _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email Address _____ Make checks payable to CAC-BSA-OA and use Cam code 6OAD in memo
 Date of Ordeal _____ Date of Brotherhood _____ Date of Vigil Honor _____

SELECT	CHAPTER	DISTRICT	AREA	SELECT	CHAPTER	DISTRICT	AREA
	KICKAPOO (KPO)	WABASH VALLEY	WEST		WAHPEKAHMEKUNK (WPK)	GOLDEN EAGLE	NORTH
	KIKTHAWENUND (KIK)	SAKIMA	NORTH		WAHPINACHI (WCH)	BEAR CREEK	SOUTH
	LOBARLEWHENSE (LBH)	PATHFINDER	SOUTH		WAPSUCHUPPECATT (WAP)	NORTHEAST	SOUTH
	LOWANEU ALLANQUE (LOA)	NORTH STAR	WEST		WAPSUCHUPPECATT (WAP)	PIONEER	SOUTH
	QUANASITA (QUN)	DEL-MI	NORTH		WUNDCHENNEU (WUN)	HOU KODA	WEST
	TATANKASKAH (TAK)	SUGAR CREEK	WEST	PLEASE SELECT THE APPROPRIATE LINE FOR YOUR CHAPTER / DISTRICT			

OFFICE USE ONLY

Cash _____ Check No. _____ Date _____ Receipt No. _____



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