



Jaccos Towne Lodge Dues Form

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

\$15
 2020 Dues

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 OA-BSA & put Cam code 60ADP on your check.

Date of Ordeal _____ Date of Brotherhood _____ Date of Vigil _____

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

Cash _____ Check # _____ Date _____ Receipt No. _____