



New or Changed Information Form

Please turn in this form 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 _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____ Birthdate _____ Under 21 Over 21
Unit Type & No. _____ District _____ Chapter _____ Scout Rank _____

Transferring to Lodge Change of Address Not Receiving Mail Other _____

Previous Lodge _____ Section _____ Region _____
Former Address _____ City _____ State _____ Zip _____
Date of Ordeal _____ Date of Brotherhood _____ Date of Vigil Honor _____
Vigil Indian Name _____ Vigil English Translation _____



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