



Jaccos Towne Lodge Dues Form

\$20
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
	ALLOGAGAN (ALO)	FIVE CREEKS	WEST		WAHPINACHI (WCH)	BEAR CREEK	EAST
	KICKAPOO (KPO)	WABASH VALLEY	WEST		WAPSUCHUPPECATT (WAP)	FALL CREEK	CENTRAL
	LOBARLEWHENSE (LBH)	PATHFINDER	WEST		WAPSUSIPO (WAS)	WHITE RIVER	EAST
	TAHKWII CHITANEYO (TCO)	MONON	CENTRAL	<i>PLEASE SELECT THE APPROPRIATE LINE FOR YOUR CHAPTER / DISTRICT</i>			

OFFICE USE ONLY

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



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