



Colonneh Lodge

Dues Renewal
www.colonneh.org

First Name _____		Last Name _____		Nickname _____		DOB _____	
Address _____				City _____		Zip _____	
E-mail _____							
District _____		Unit Type _____		Unit # _____		Scoutnet/BSA ID # _____	
Phone Number		Extension	Type: Home, Business, Mobile, Home Fax, Business Fax, School, Pager			(<input checked="" type="checkbox"/>) Primary Contact	

Awards outside of the OA:

District Award of Merit: Year _____ District: _____ Silver Beaver: Year _____ Council: _____

James E. West: Year _____ Council: _____ Eagle: Year _____ _____

Ceremony Roles Performed: Ceremony Type:

<input type="checkbox"/> Allowat Sakima	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout
<input type="checkbox"/> Guide	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout
<input type="checkbox"/> Kichkinet	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout
<input type="checkbox"/> Meteu	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout
<input type="checkbox"/> Nutiket	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout

Please check all of the resources, services, and skills that you can provide to our camps and to the OA:

Administration	<input type="checkbox"/> Registration, <input type="checkbox"/> Trading Post, <input type="checkbox"/> _____
Certifications	<input type="checkbox"/> Archery (NAA, NFAA), <input type="checkbox"/> BSA Lifeguard, <input type="checkbox"/> Canoe-Flat water, <input type="checkbox"/> Climbing Instructor, <input type="checkbox"/> COPE Instructor, <input type="checkbox"/> Mussel loader (NRA), <input type="checkbox"/> Rifle (NRA), <input type="checkbox"/> Safe Swim Defense, <input type="checkbox"/> Shot gun (NRA), <input type="checkbox"/> _____
Communications	<input type="checkbox"/> Graphic designer, <input type="checkbox"/> OA Unit Rep, <input type="checkbox"/> OA Unit Rep. Adviser, <input type="checkbox"/> Photographer, <input type="checkbox"/> Publisher, <input type="checkbox"/> Video Editor, <input type="checkbox"/> Videographer, <input type="checkbox"/> Web, <input type="checkbox"/> Writer, <input type="checkbox"/> _____
Food Service	<input type="checkbox"/> Colonneh Café, <input type="checkbox"/> Cook, <input type="checkbox"/> Kitchen Staff, <input type="checkbox"/> _____
Inductions	<input type="checkbox"/> Camp Promotions, <input type="checkbox"/> Ceremony Instructor, <input type="checkbox"/> Ceremony Judge, <input type="checkbox"/> Elangomat, <input type="checkbox"/> Elections, <input type="checkbox"/> Ordeal master, <input type="checkbox"/> Ordeal staff, <input type="checkbox"/> Ceremonies, <input type="checkbox"/> Brotherhood Walk facilitator, <input type="checkbox"/> _____
Medical	<input type="checkbox"/> EMT, <input type="checkbox"/> Nurse, <input type="checkbox"/> Paramedic, <input type="checkbox"/> Physician, <input type="checkbox"/> _____
Program	<input type="checkbox"/> NA Crafts, <input type="checkbox"/> NA Dance Instructor, <input type="checkbox"/> NA Dance Competition Judge, <input type="checkbox"/> Shows-actor, <input type="checkbox"/> Shows-technical, <input type="checkbox"/> Sports/Games, <input type="checkbox"/> Trainer, <input type="checkbox"/> _____
Resources	<input type="checkbox"/> Framing, <input type="checkbox"/> Making awards, <input type="checkbox"/> Printing, <input type="checkbox"/> Sewing, <input type="checkbox"/> Sign making, <input type="checkbox"/> Equipment rental: _____, <input type="checkbox"/> _____
Service	<input type="checkbox"/> AC/Heating Tech, <input type="checkbox"/> Auto mechanic, <input type="checkbox"/> Cabinet Maker, <input type="checkbox"/> Carpet, <input type="checkbox"/> Carpenter, <input type="checkbox"/> Cement mason, <input type="checkbox"/> Chainsaw Operator, <input type="checkbox"/> Civil engineer, <input type="checkbox"/> Contractor, <input type="checkbox"/> Drywall, <input type="checkbox"/> Electrician, <input type="checkbox"/> Engineer, <input type="checkbox"/> Fence, <input type="checkbox"/> Heavy Equipment Operator, <input type="checkbox"/> Landscaper, <input type="checkbox"/> Locksmith, <input type="checkbox"/> Mason <input type="checkbox"/> Plumber, <input type="checkbox"/> Quartermaster, <input type="checkbox"/> Surveyor, <input type="checkbox"/> Tile, <input type="checkbox"/> Welder, <input type="checkbox"/> Woodworking, <input type="checkbox"/> _____
Specialist	<input type="checkbox"/> CPA, <input type="checkbox"/> Clergy, <input type="checkbox"/> Lawyer, <input type="checkbox"/> Travel agent, <input type="checkbox"/> Law enforcement, <input type="checkbox"/> _____
Trainings Attended	<input type="checkbox"/> Lodgemaster, <input type="checkbox"/> NLATS, <input type="checkbox"/> NLS, <input type="checkbox"/> NYLT, <input type="checkbox"/> WLE, <input type="checkbox"/> Wood Badge, <input type="checkbox"/> _____

Dues: \$12 dues – one year

Multiple year's dues (only available to Brotherhood/Vigil members): \$24 - two yrs, \$36 - three yrs, \$48 - four yrs, \$60 - five yrs

<input type="checkbox"/> Cash (hand deliver to Cockrell Scout Center)	
<input type="checkbox"/> Check (payable to SHAC): Mail to: OA Secretary, PO Box 924528, Houston, TX 77292-4528	
<input type="checkbox"/> Credit: <input type="checkbox"/> Amex <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc: Email (delores.mcgee@shac.org) or Fax (713-865-9150)	
One form per person.	
Note: Email is preferred method.	
Do not fax twice or send info more than one way	
Card Holder Name: _____	Exp. Date _____
# _____	Signature _____ <i>not required for email</i>

For office use:
Acct: 1-2371-737-00
____ Pd ____ Card
____ LM