

Lakota Lodge 175
Pathway to Adventure Council



OA Dues Payment Form for Year _____

First Name	
Middle initial	
Last name	
Suffix (Sr. Jr. III)	
Address	
City, State Zip	
BSA ID # (from your membership card)	
E-mail address	
Birthdate	
Primary registered Unit	Troop Pack Crew (circle one) # _____
Chapter/District (circle one)	Blackhawk Pathfinder North Woods Signal Hill
Primary Phone	
Ordeal Honor Date	
Brotherhood Honor Date	
Vigil Honor Date	

Complete and return with \$10 dues

Signature _____ Date _____

Please return to:

Lakota Lodge, Pathway to Adventure Council, 617 E Golf Rd, Suite 101, Arlington Heights, IL 60005