



Quelqueshoe Lodge

Dues Renewal

www.quelqueshoe.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	(✓) 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 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"/> 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"/> _____
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: \$10 dues – one year

Multiple year's dues: \$20 - two yrs, \$30 - three yrs, \$40 - four yrs, \$50 - five yrs

<input type="checkbox"/> Cash (hand deliver to Calcasieu Area Council)	
<input type="checkbox"/> Check (payable to BSA): Mail to: Quelqueshoe - Dues, 304 Dr. Michael DeBakey Dr., Lake Charles, LA 70601	
<input type="checkbox"/> Credit: <input type="checkbox"/> Amex <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc: Fax (337-433-0758)	Card Holder Name: _____
<i>One form per person.</i>	# _____ Exp. Date _____
<i>Note: Email is preferred method.</i>	Signature _____ <i>not required for email</i>
<i>Do not fax twice or send info more than one way</i>	