



Dear Brother:

We understand that you are an Order of the Arrow member from a lodge in another council or previously from Octoraro Lodge 22, and desire to become an active member of Octoraro Lodge 22.

Below is an information form for you to complete and return to the council service center with your payment of \$36.00. Please include a copy of your most recent OA membership and your current BSA membership cards. You must be currently registered in a troop, district, council, or national level in the BSA to be registered in the Order of the Arrow.

Upon receipt of the information form, copy of your cards, and payment, we will make a permanent lodge record card and will forward to you your membership card from Octoraro Lodge 22. You must be currently registered in a troop, district, council, or national level in the BSA to be registered in the Order of the Arrow. If you need assistance with this, please call Leslie John at 610-864-8201 or email at LDJ113@aol.com for further information.

Thank you for your cooperation. We hope to see you soon at lodge activities.

One form per member, additional forms are available at the Council Service Center and on the Lodge website.

**Octoraro Lodge 22 Website: <http://octoraro22.org/>**



## Octoraro Lodge 22

## Transfer/Reactivation Fees and Member Information Update Form

Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Nickname: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ M ☐ F

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Present Scouting Position: \_\_\_\_\_ Highest Rank in Scouting: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Check as appropriate:

☐ Youth ☐ Adult

Unit Type: ☐ Crew # \_\_\_\_\_  
☐ Pack # \_\_\_\_\_  
☐ Troop # \_\_\_\_\_

District: ☐ Diamond Rock  
☐ Horseshoe Trail  
☐ Lenni Lenape  
☐ Octoraro  
☐ Member at Large  
☐ Out of Council

Out of Council Name: \_\_\_\_\_

Regional or National: \_\_\_\_\_

### OA History:

Date of Ordeal: \_\_\_\_\_ Where Taken: \_\_\_\_\_

Date of Brotherhood: \_\_\_\_\_ Where Sealed: \_\_\_\_\_

Date of Vigil Honor: \_\_\_\_\_ Where Kept: \_\_\_\_\_

### Mail Transfer/Reactivation Member Update Form to:

Chester County Council, BSA  
504 South Concord Road  
West Chester, PA 19382

Make checks payable to: "Chester County Council, BSA"

\$ 36.00 Fee: ☐

Copy of most recent OA Card: ☐

Copy of current BSA membership Card: ☐