

Timuquan Lodge 340 Membership Information Request Form

Please print.

Today's Date: _____

Name

Title	First	Middle	Nickname	Last	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Mr., Miss, Mrs., Ms., Dr., etc.) (Sr., Jr., III, etc.)

Mailing Address

Line 1: _____ Line 2: _____
 City: _____ State: _____ ZIP+4 Code: _____
 Country: USA Other: _____

Telephone Number(s)

Home: _____ Mobile: _____ Work: _____
 School: _____ Which of these is your Primary number? Home Mobile Work School
 Pager: _____ Home Fax: _____ Work Fax: _____

Other

Date of Birth: _____ Gender: Male Female
 E-mail Address(es): _____

BSA Registration

Unit District Council Other: _____ BSA Person ID: _____
 Type of Unit: Pack Troop Team Crew Ship Unit Number: _____
 District (Chapter): 1. Twin Rivers (Aripeka) 2. Calusa (Hiyaraba) 3. Oselola (Yahi Yahi) 4. Skyway (Outina)

Membership Record

Candidate Ordeal Brotherhood Vigil Honor Other: _____
 Date of Election (if Youth) or Nomination (if Adult): _____
 Were you Called-out? Yes No Date of Callout: _____
 Callout Event Name: _____
 Location: _____
 Council Name and Number: West Central Florida Other - Name: _____ No.: _____

Ordeal

Date: _____
 Clan: None Bear Bigtown Bird Chuck Deer Otter Panther Snake Wind Other: _____
 Event Name: Winter Conclave Summer Conclave Fall Conclave Other: _____
 Location: Camp Soule Sand Hill Scout Reservation Other: _____
 Lodge Name and Number: Timuquan 340 Other - Name: _____ No.: _____
 Council Name and Number: West Central Florida Other - Name: _____ No.: _____

Brotherhood

Date: _____ Event Name: Winter Conclave Spring Fellowship
 Summer Conclave Fall Conclave Other: _____
 Location: Camp Soule Sand Hill Scout Reservation Other: _____
 Lodge Name and Number: Timuquan 340 Other - Name: _____ No.: _____
 Council Name and Number: West Central Florida Other - Name: _____ No.: _____

Vigil Honor

Selection Date: _____ Certificate Date: _____ Induction Date: _____
 Event Name: Spring Fellowship Other: _____
 Location: Camp Soule Sand Hill Scout Reservation Other: _____
 Lodge Name and Number: Timuquan 340 Other - Name: _____ No.: _____
 Council Name and Number: West Central Florida 89 Other - Name: _____ No.: _____
 Indian Name: _____ English Translation: _____
 Vigil Honor Sponsor: _____

Membership Transfer Record *(if you are transferring your membership from another lodge)*

Are your lodge dues currently paid up? Yes (Expiration Date: _____) No
 Lodge Name and Number: Name: _____ No.: _____
 Council Name and Number: Name: _____ No.: _____
 Lodge Records Contact Information: Name: _____
 Mailing Address/Email Address/Telephone Number: _____