

ILLINEK LODGE #132 DUES / REGISTRATION FORM

Please **print** all information using one form for each person

Return this form with dues payment to:

**Abraham Lincoln Council, Illinek Lodge, BSA
5231 S. Sixth Street Road, Springfield, Illinois 62703**

Name: _____ Unit: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Date of Birth: _____

Work Phone: _____ Cell Phone: _____

BSA Member ID #: _____ (From BSA member card or unit roster.)

Current OA Honor: _____ Ordeal _____ Brotherhood _____ Vigil _____

Dates Inducted: Ordeal _____ Brotherhood _____ Vigil _____
(At least month / year if possible or your best estimation.)

If Inducted by a Lodge / Council *Other Than* Illinek Lodge / Abraham Lincoln Council:

Lodge Inducted By: _____ Council: _____

Dues for Coming Year (\$12) _____ If delinquent (additional \$12) _____
(Lodge Year runs 9/1 through 8/31 of next year. You may pay for more than one year at a time if you prefer.)