



SASQUESHANOUGH LODGE  
ORDER OF THE ARROW

## 2019 MEMBERSHIP TRANSFER OR REINSTATEMENT FORM

This form is available on the Lodge website <http://lodge.newbirthoffreedom.org/> in PDF format. If possible, please complete this form on a computer before printing; it helps in reading the information correctly.

THIS FORM IS FOR TRANSFERS AND REINSTATEMENTS ONLY  
CURRENT MEMBERS SHOULD USE THE DUES FORM

First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Nickname \_\_\_\_\_

Address: \_\_\_\_\_  
 Mailing Address 1 \_\_\_\_\_  
 Mailing Address 2 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Member E-mail Address \_\_\_\_\_  
 Parent E-mail Address \_\_\_\_\_  
 Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Registered Unit \_\_\_\_\_  
 Chapter/District \_\_\_\_\_

Number (Include Area Code) \_\_\_\_\_ Extension \_\_\_\_\_ Type Primary (Check 1) \_\_\_\_\_  
 \_\_\_\_\_ Home \_\_\_\_\_  
 \_\_\_\_\_ Mobile \_\_\_\_\_

\_\_\_\_\_ \$20.00 MEMBERSHIP FEE DUE BY: JANUARY 31, 2019  
 \_\_\_\_\_ \$25.00 MEMBERSHIP FEE PAID AFTER: JANUARY 31, 2019

Honors	Date	Location	Council
Ordeal	_____	_____	_____
Brotherhood	_____	_____	_____
Vigil	_____	_____	_____

IF PAYING BY CHECK, PLEASE MAKE PAYABLE TO NEW BIRTH OF FREEDOM COUNCIL & **PRINT ON THE CHECK MEMO LINE: ACCT# 1-2371-807-00**

**ATTENTION!!!! YOUR LODGE DUES MUST BE CURRENT TO ATTEND ANY LODGE FUNCTION OR EVENT**

**MAIL PAYMENTS TO:**  
 SASQUESHANOUGH LODGE  
 NEW BIRTH OF FREEDOM COUNCIL  
 1 BADEN POWELL LN  
 MECHANICSBURG, PA 17050-2344

If Transferring, from: Lodge: \_\_\_\_\_  
 Council: \_\_\_\_\_

BSA ID # \_\_\_\_\_