

Name \_\_\_\_\_  
Last Name First Name Middle Name Title (Jr., III, etc)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Home phone \_\_\_\_\_ Adult member Work phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Male / Female (mark one)  
Youth / Adult (mark one)  
(Under 21)

Please post my e-mail address on:

The lodge web site  used for lodge e-mails  both  neither   
Would you be interested in receiving the *Mikanakawan* by email? Yes  No

E-mail address \_\_\_\_\_

Occupation (adults only) \_\_\_\_\_

District # \_\_\_\_\_ Unit # \_\_\_\_\_ Other \_\_\_\_\_

Office staff \_\_\_\_\_ Amount \_\_\_\_\_

Use only: Rec# \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \_\_\_\_\_

**Complete this section ONLY if transferring from another lodge**

Former Lodge Name \_\_\_\_\_

Ordeal Date \_\_\_\_\_ Provide dates of the membership levels attained, leaving blank any level not applicable. Please provide evidence of membership in former lodge – a copy of membership card, vigil certificate or letter of transfer from former lodge.

Brotherhood Date \_\_\_\_\_

Vigil Date \_\_\_\_\_

In absence of this proof, membership level must be determined and approved by the Mikanakawa Lodge Adviser or one of his associate advisers. Vigil Honor membership level will be verified with the Order of the Arrow national headquarters.

# 2009 Mikanakawa Lodge

**Dues Payment & Membership Transfer form**

www.miki.org

mikireg@miki.org

Fill out both top and bottom of this form.  
Fill in all appropriate blanks completely.

(Please print legibly)

A new Medical Release Form is required each year. The state of Texas requires this medical form to have a complete shot record with all shot dates filled in for youth and last tetanus booster date filled in for adults. It must be signed and dated by the member if for an adult, or a parent or guardian if for a youth member.

**Current dues paid status AND a completed and signed Medical Release form are prerequisites for participation in ANY lodge activity.**

**Members without a current medical on file cannot be admitted to the event and WILL BE SENT HOME.**

Annual dues are \$15<sup>00</sup> per calendar year. There is NO early payment discount. If paid by March 1<sup>st</sup>, a plastic Miki cup will be provided at the first event you attend. To reduce expenses and waste at lodge events, cups will no longer be provided free of charge. **You will need to bring your own cup** (Miki or not). Miki cups will be available for sale at each event.

Make checks payable to: Order of the Arrow, BSA. Mail this completed form with payment to:

Circle Ten Council, BSA  
Attn: Mikanakawa Lodge Membership  
Acct# 1-2371-040-00  
8605 Harry Hines Blvd.  
Dallas, TX 75235

Send entire form intact – Do Not Separate

## 2009 Mikanakawa Lodge – Medical Release Form

Member Name \_\_\_\_\_  
Last Name First Name Middle Name Title (Jr., III, etc>)

Medical Insurance \_\_\_\_\_  
Policy Holder's Name Name of Insurance Company Policy or Certificate Number

Have or had difficulty with (mark each box where yes answer applies):

- |  |                                      |   |  |   |
|--|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma / Lungs            | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Heart Trouble      | <input type="checkbox"/> Digestion     | <input type="checkbox"/> Eyes, ears, nose, throat |
| <input type="checkbox"/> Fainting Spells           | <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Fainting Spells          |
| <input type="checkbox"/> None of the above applies |                                      |   |  |   |

Any condition now requiring medication?  Yes  No Name of medication(s) \_\_\_\_\_

Allergy to any medication, food, plant, animal or insect toxin?  Yes  No If yes, explain on the back of this form (lower half of page).

Any condition that may require special care or diet?  Yes  No If yes, explain on the back of this form (lower half of page).

Any restriction of activity for medical reasons?  Yes  No If yes, explain on the back of this form (lower half of page).

Immunization – Date of Last Inoculations (Dates Required - Do NOT Write "Current")

_____ Diphtheria	_____ Measles	_____ Polio	_____ Tetanus
_____ Mumps	_____ Rubella	_____ Pertussis	

### Authorization for Medical Treatment

The health history provided on this form (both front and back) is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted on this form. In the event of an emergency (and I cannot be reached), I hereby give my permission to the physician, selected by the adult leader in charge, to treat, hospitalize, secure proper anesthesia, or to order injection for the person herein described.

Provide additional medical information here.

(Attach additional page, if necessary)

## TALENT RELEASE FORM

In consideration of my engagement as a model and the benefits made to me, receipt of which I acknowledge, I hereby assign and grant to the Boy Scouts of America, or its assignees, the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me. I hereby release the Boy Scouts of America from any and all liability from such use and publication. I hereby irrevocably authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations, and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Member's Signature (Required)	Date	Signature of Parent or Guardian <small>(Required if Member is under 21 years of age)</small>	Date
Emergency contact name _____		Relationship _____	
		Emergency phone _____	

Indicate areas of interest where you would like to participate:

- |   |  |
|---|--|
| <input type="checkbox"/> Fall Fellowship (E1)<br><input type="checkbox"/> Annual Dinner (E2)<br><input type="checkbox"/> Section Conclave/Events (E3)<br><input type="checkbox"/> Brotherhood Guide/Walk (E4)<br><input type="checkbox"/> Ordeal Ceremonies (N1)<br><input type="checkbox"/> Dance Team (N2)<br><input type="checkbox"/> Pow Wow (N3)<br><input type="checkbox"/> Indian Lore (N4)<br><input type="checkbox"/> Native American Trading Post (N5)<br><input type="checkbox"/> Winter Camp (S1)<br><input type="checkbox"/> National Order of the Arrow Conference (S2)<br><input type="checkbox"/> National Jamboree (S3)<br><input type="checkbox"/> Chaplain Aide (S4)<br><input type="checkbox"/> Bugle / Drum Corps (S5)<br><input type="checkbox"/> Lodge Liaison (R1)<br><input type="checkbox"/> Community Service (V1)<br><input type="checkbox"/> Service to America (V2)<br><input type="checkbox"/> Camp Service (V3)<br><input type="checkbox"/> Tree Plant (V4)<br><input type="checkbox"/> Scout Show (V5)<br><input type="checkbox"/> Scoutreach Mentoring (V6) | <input type="checkbox"/> Camp Promotions (C1)<br><input type="checkbox"/> Ordeals (I1)<br><input type="checkbox"/> Elangomats (I2)<br><input type="checkbox"/> Food Service (F1)<br><input type="checkbox"/> Finance (F2)<br><input type="checkbox"/> Trading Post (F3)<br><input type="checkbox"/> Snack Bar (F4)<br><input type="checkbox"/> Lodge Engraving Service (F5)<br><input type="checkbox"/> Membership Registration (M1)<br><input type="checkbox"/> Event Registration (M2)<br><input type="checkbox"/> Ordeal Registration (M3)<br><input type="checkbox"/> Unit Elections (M4)<br><input type="checkbox"/> First Aid (M5)<br><input type="checkbox"/> Lodge Training (T1)<br><input type="checkbox"/> Membership Contact (T2)<br><input type="checkbox"/> Mikanakawan Newsletter (P1)<br><input type="checkbox"/> Full Circle article submissions (P2)<br><input type="checkbox"/> Internet Web Site (P3)<br><input type="checkbox"/> Lodge Operations Manual (P4)<br><input type="checkbox"/> Lodge Forms (P5)<br><input type="checkbox"/> Lodge Rules (P6)<br><input type="checkbox"/> Photography (P7) |
|---|--|

Lodge activity cards are no longer available for 2009

List any other skills or talents you would be willing to offer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send entire form back intact – Do Not Separate

Make checks payable to Order of the Arrow, BSA or pay by credit card at the Council Office.

Dues only - \$15.00    \$ \_\_\_\_\_

Vigil Honor members ONLY, add \$15 if you plan to attend Vigil Weekend = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_