

Annual Lodge Dues Form

Please print and provide all information requested on this form.

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) ____ - _____

Email: _____

Date of Birth: ____/____/____

Troop/ Crew/ Team: _____

(circle one)

(number)

Specify Year(s) Paying for: _____

Membership Level and Date(s): (mm/dd/yy)

Ordeal: ____/____/____ Brotherhood: ____/____/____ Vigil Honor: ____/____/____

Make Checks Payable to: **Samoset Council**

\$15.00

Dues are valid from January 1 to December 31 of the year you are paying for.

Check Number: _____ Check/ Cash Amount: \$_____ Date: ____/____/____

Account Number: 1-2371-707*

Receipt #: _____

*Please write this account number on your check and include the phrase "TKC OA Dues" in the memo blank!

Questions, Comments, Concerns:

Would you like to serve on a committee in Tom Kita Chara Lodge? **Yes No**

(circle one)

If YES, which committees are you interested in? _____

~~~~~CUT HERE~~~~~ CUT HERE ~~~~~ CUT HERE ~~~~~ CUT HERE ~~~~~ CUT HERE ~~~~~

## TOM KITA CHARA LODGE DUES RECEIPT

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\$15.00

Check/ Cash

Check Number: \_\_\_\_\_

(circle one)

**THANK YOU!**

"He who serves his fellows is, of all his fellows, greatest."