



2012 Shinnecock Lodge 360 Membership Dues and Event Menu

**** This form is for current members who did not purchase a 2012 Lodge Pass ****

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|--|---------------------------------|
| Member Information ONE PERSON PER FORM PLEASE | |
| Name: _____ | D/O/B: ____/____/____ |
| Address: _____ | |
| City: _____ | State: _____ Zip Code: _____ |
| Phone: (____) _____ | Secondary Phone: (____) _____ |
| Email: _____ (please print clearly) | |
| Adult/Youth: _____ | Ordeal/Brotherhood/Vigil: _____ |
| Chapter/District: _____ | Unit #: _____ |
| BSA ID: _____ | |

* Dues must be paid annually, with the exception of new members (inducted in 2011). New member dues for 2012 were part of the induction fee.

Please Check all that apply.

Events:

2012 Dues (\$10): _____

May Induction- 5/18-5/20 (\$15): _____

June Induction- 6/15-6/17 (\$15): _____

Sept Induction- 9/21-9/23 (\$15): _____

Fall Fellowship- 10/6 (\$15): _____

Total Fee: _____

Late Fee (\$10): _____

(If submitted within 1 week of event)

Notes:

- **NEW FOR 2012: All members are asked to sign a talent release. Please review and sign on the back.**
- **If paying by check, make check payable to *Shinnecock Lodge 360*. If paying by credit card, fill out authorization box on the back.**
- **Mail completed form to:**

**Shinnecock Lodge 360
Suffolk County BSA
7 Scouting Blvd.
Medford, NY 11763**

Bring a BSA Medical Form (Parts A&B – 2011 Printing) when attending overnight events.

Talent Release 2012 (Under 18 must have parent/guardian signature)

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/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.

Print Name

Signature of OA Member or
Parent/Guardian if under 18

Date

I authorize Suffolk County Council, BSA to charge my credit card the activity fee:

Cardholder's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

AMOUNT TO BE CHARGED: \$ _____

CARD NUMBER: _____

EXP DATE: _____ SECURITY CODE (3-4 digits): _____

Cardholder's Signature: _____