



# Colonneh Lodge Transfer

www.colonneh.org

First Name _____		Last Name _____		Nickname _____		DOB _____	
Address _____				City _____		Zip _____	
E-mail _____							
District _____		Unit Type _____		Unit # _____		Scoutnet/BSA ID # _____	
Phone Number _____		Extension _____	Type: Home, Business, Mobile, Home Fax, Business Fax, School, Pager			<input checked="" type="checkbox"/> Primary Contact	

I would like to transfer  into Colonneh from another Lodge:  
 Lodge \_\_\_\_\_ Council \_\_\_\_\_ City, State \_\_\_\_\_

*Pervious Lodge information below is require if verification of OA membership is not provided*

Lodge Contact \_\_\_\_\_ Lodge Phone \_\_\_\_\_  
 Lodge Address \_\_\_\_\_ Lodge Fax \_\_\_\_\_  
 Lodge Email \_\_\_\_\_ Unit Registered \_\_\_\_\_

Ordeal Date \_\_\_\_\_ Location \_\_\_\_\_ Lodge/Council \_\_\_\_\_  
 Brotherhood Date \_\_\_\_\_ Location \_\_\_\_\_ Lodge/Council \_\_\_\_\_  
 Vigil Date \_\_\_\_\_ Location \_\_\_\_\_ Lodge/Council \_\_\_\_\_

**Verification:**  OA membership card attached  
 Vigil certificate attached

**Dues:** \$12 dues – one year

Cash (hand deliver to Cockrell Scout Center)  
 Check (payable to SHAC): Mail to: OA Secretary, PO Box 924528, Houston, TX 77292-4528  
 Credit:  Amex  MC  Visa  Disc: Email (delores.mcgee@shac.org) or Fax (713-865-9150)

*One form per person.  
 Note: Email is preferred method.  
 Do not fax twice or send info more than one way*

Card Holder Name: \_\_\_\_\_  
 # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_ *not required for email*

For office use:  
 Acct: 1-2371-737-00  
 \_\_\_\_\_ Pd \_\_\_\_\_ Card  
 \_\_\_\_\_ LM

**OR**

I would like to transfer  from Colonneh to another Lodge:  
 Lodge \_\_\_\_\_ Council \_\_\_\_\_ City, State \_\_\_\_\_

Please send verification of OA membership to: \_\_\_\_\_  
*(fax, email, or address)*

Colonneh Lodge verifies the following:

Ordeal Date \_\_\_\_\_ Location \_\_\_\_\_ Lodge/Council \_\_\_\_\_  
 Brotherhood Date \_\_\_\_\_ Location \_\_\_\_\_ Lodge/Council \_\_\_\_\_  
 Vigil Date \_\_\_\_\_ Location \_\_\_\_\_ Lodge/Council \_\_\_\_\_

Lodge Representative \_\_\_\_\_ Contact Info \_\_\_\_\_ Date \_\_\_\_\_