



### **Member Registration Forms Instructions**

1. These forms are for use by Lodge Members to register for lodge events. There is a separate form for Ordeal Candidate registration.
2. This form is fillable on-line using Adobe Reader. If the fill in fields are not highlighted, there should be a button in the upper right-hand corner to highlight the fields.
3. To make filling in forms more efficient, turn on Auto-Complete. From the Edit Menu, Select Preferences, then select Forms, at the bottom select “Basic” and check the “Remember Numerical Data” box. Then click OK at the bottom of the dialog.
4. Once you fill in your Member and Medical Information for one event, it is copied to the other events.
5. You can save the filled in form on your computer for use in the future and can save separate copies for each member of your family.
6. The Event Fee section is basically automated. The Event Fee is already selected. For any of the other lines, click the box on the left side of the page and the value is put on the form and added to the Total. For the Project or Campership Contribution, fill in the amount you wish to contribute and it will be added to the total.
7. You can then print the page for the upcoming event and take it or fax it to the Council Office.



# SPRING FELLOWSHIP

## Member Registration Form

**March 6 - 8, 2015**  
**Los Alamos, NM**

I plan to attend (check all that apply): Friday Night          Saturday          Sunday Morning

MEMBER INFORMATION					
Name: _____					
BSA Member ID Number:	Sex:	Birth Date:	District / Chapter:		
	M      F		Unit (Pack, Troop, Team, Crew): _____		
Mailing Address: _____					
City:			State:	ZIP Code:	
Primary Phone Number:	Type:	1 <sup>st</sup> Alternate Phone no.:	Type:	2 <sup>nd</sup> Alternate Phone no.:	Type:
Primary E-Mail:			Parent E-Mail (for youth):		
Work E-Mail:			2 <sup>nd</sup> Parent E-Mail :		

MEDICAL INFORMATION		
(Please attach a copy of your BSA Medical Form and Insurance Card.)		
Health or Dietary Issues: _____		
Emergency Contact:	Relationship:	Emergency Contact Number(s):
Hospitalization or Group Company:	Group Number:	Member Number:
_____		_____
<i>Participant's signature</i>		<i>Date</i>
<b>Parental Statement</b> <i>(Required for participants under 21 years of age)</i>		
My son has permission to attend this function. I authorize medical treatment for my son if necessary.		
_____		_____
<i>Patient/Guardian signature</i>		<i>Date</i>

EVENT FEES	
Fellowship Registration Fee - \$20.00 per person (#391)	_____
Late Fee - \$5.00 per person <i>Required if registering after February 19</i> (#391)	_____
Additional Fee for Brotherhood Candidates - \$15.00 per person (#371)	_____
Current Year's Lodge Dues - \$10.00 per person (#372)	_____
Next Year's Lodge Dues - \$8.00 per person (#372)	_____
Contributions to supplement OA Conclave Service Projects <i>(any amount)</i> (#373)	_____
Contributions to Camperships <i>(any amount)</i> (#375)	_____
<b>Total Due</b>	

**Make checks payable to:** Great Southwest Council, BSA

**Mail/Deliver This Form With Payment to:** Great Southwest Council, BSA  
Attn: Order of the Arrow Membership  
5841 Office Blvd. NE  
Albuquerque, NM 87109

Council/Lodge Use:	371 -
Receipt #:	372 -
Receipt #:	373 -
Receipt Date:	375 -
Receipt Date:	391 -



# SPRING LODGE CONCLAVE

## Member Registration Form

**May 15 - 17, 2015**

Gorham Scout Ranch, Chimayo, New Mexico

I plan to attend (check all that apply):  Friday Night       Saturday       Sunday Morning

MEMBER INFORMATION					
Name:					
BSA Member ID Number:	Sex:	Birth Date:	District / Chapter:		
	M      F		Unit (Pack, Troop, Team, Crew):		
Mailing Address:					
City:			State:	ZIP Code:	
Primary Phone Number:	Type:	1 <sup>st</sup> Alternate Phone no.:	Type:	2 <sup>nd</sup> Alternate Phone no.:	Type:
Primary E-Mail:			Parent E-Mail (for youth):		
Work E-Mail:			2 <sup>nd</sup> Parent E-Mail :		

MEDICAL INFORMATION		
(Please attach a copy of your BSA Medical Form and Insurance Card.)		
Health or Dietary Issues:		
Emergency Contact:	Relationship:	Emergency Contact Number(s):
Hospitalization or Group Company:	Group Number:	Member Number:
_____		_____
<i>Participant's signature</i>		<i>Date</i>
<b>Parental Statement</b> (Required for participants under 21 years of age)		
My son has permission to attend this function. I authorize medical treatment for my son if necessary.		
_____		_____
<i>Patient/Guardian signature</i>		<i>Date</i>

EVENT FEES	
Conclave Registration Fee - \$23.00 per person (#393)	_____
Late Fee - \$5.00 per person <i>Required if registering after May 7</i> (#393)	_____
Additional Fee for Brotherhood Candidates - \$15.00 per person (#371)	_____
Current Year's Lodge Dues - \$10.00 per person (#372)	_____
Next Year's Lodge Dues - \$8.00 per person (#372)	_____
Vigil Breakfast ( <i>must be Vigil Member</i> ) - \$5.00 per person (#393)	_____
Contributions to supplement OA Conclave Service Projects ( <i>any amount</i> ) (#373)	_____
Contributions to Camperships ( <i>any amount</i> ) (#375)	_____
<b>Total Due</b>	

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Receipt Date:	393 -



## FALL LODGE CONCLAVE

### Member Registration Form

**September 25 - 27, 2015**  
Gorham Scout Ranch, Chimayo, New Mexico

I plan to attend (check all that apply): Friday Night          Saturday          Sunday Morning

MEMBER INFORMATION					
Name: _____					
BSA Member ID Number:	Sex:	Birth Date:	District / Chapter:		
	M      F		Unit (Pack, Troop, Team, Crew): _____		
Mailing Address: _____					
City: _____			State: _____	ZIP Code: _____	
Primary Phone Number:	Type:	1 <sup>st</sup> Alternate Phone no.:	Type:	2 <sup>nd</sup> Alternate Phone no.:	Type:
Primary E-Mail: _____			Parent E-Mail (for youth): _____		
Work E-Mail: _____			2 <sup>nd</sup> Parent E-Mail : _____		

MEDICAL INFORMATION		
(Please attach a copy of your BSA Medical Form and Insurance Card.)		
Health or Dietary Issues: _____		
Emergency Contact:	Relationship:	Emergency Contact Number(s): _____
Hospitalization or Group Company: _____	Group Number: _____	Member Number: _____
_____	_____	_____
<i>Participant's signature</i> _____ <i>Date</i> _____		
<b>Parental Statement</b> (Required for participants under 21 years of age)		
My son has permission to attend this function. I authorize medical treatment for my son if necessary.		
_____		
<i>Patient/Guardian signature</i> _____ <i>Date</i> _____		

EVENT FEES	
Conclave Registration Fee - \$23.00 per person (#395)	_____
Late Fee - \$5.00 per person <i>Required if registering after September 24</i> (#395)	_____
Additional Fee for Brotherhood Candidates - \$15.00 per person (#371)	_____
Current Year's Lodge Dues - \$10.00 per person (#372)	_____
Next Year's Lodge Dues - \$8.00 per person (#372)	_____
Vigil Breakfast ( <i>must be Vigil Member</i> ) - \$5.00 per person (#395)	_____
Contributions to supplement OA Conclave Service Projects ( <i>any amount</i> ) (#373)	_____
Contributions to Camperships ( <i>any amount</i> ) (#375)	_____
<b>Total Due</b>	

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Receipt #:	373 -
Receipt Date: _____	375 -
Receipt Date: _____	395 -



# ANNUAL BANQUET & TRAINING

## Member Registration Form

DECEMBER 5, 2015

TBD

I plan to attend (check all that apply): Friday Night      Saturday      Sunday Morning

MEMBER INFORMATION					
Name: _____					
BSA Member ID Number:	Sex:	Birth Date:	District / Chapter:		
	M      F		Unit (Pack, Troop, Team, Crew): _____		
Mailing Address: _____					
City: _____				State: _____	ZIP Code: _____
Primary Phone Number:	Type:	1 <sup>st</sup> Alternate Phone no.:	Type:	2 <sup>nd</sup> Alternate Phone no.:	Type:
Primary E-Mail: _____			Parent E-Mail (for youth): _____		
Work E-Mail: _____			2 <sup>nd</sup> Parent E-Mail: _____		

MEDICAL INFORMATION		
(Please attach a copy of your BSA Medical Form and Insurance Card.)		
Health or Dietary Issues: _____		
Emergency Contact:	Relationship:	Emergency Contact Number(s): _____
Hospitalization or Group Company: _____	Group Number: _____	Member Number: _____
_____ <i>Participant's signature</i>		_____ <i>Date</i>
<b>Parental Statement</b> ( <i>Required for participants under 21 years of age</i> )		
My son has permission to attend this function. I authorize medical treatment for my son if necessary.		
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>

EVENT FEES	
Banquet & Training Registration Fee - \$20.00 per person (#396)	_____
<b>I was an Elangomat at Spring or Fall Conclave this year. (Banquet and Training Fees waived)</b>	_____
Training Only Registration Fee - \$9.00 per person (#396)	_____
Banquet Only Registration Fee - \$13.00 per person (#396)	_____
Late Fee - \$5.00 per person <i>Required if registering after November 26</i> (#396)	_____
Additional Fee for Brotherhood Candidates - \$15.00 per person (#371)	_____
Next Year's Lodge Dues - \$8.00 per person (#372)	_____
Contributions to supplement OA Conclave Service Projects ( <i>any amount</i> ) (#373)	_____
Contributions to Camperships ( <i>any amount</i> ) (#375)	_____
<b>Total Due</b>	_____

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	375 -
	396 -