

**SHAWNEE LODGE
ORDER OF THE ARROW**
BROTHERHOOD APPLICATION



NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP NO. _____
 CHAPTER (DISTRICT) _____
 UNIT NO. _____

- Ordeal Member for at least 10 months.
 - Statements of Rededication Submitted
 - Passes Questioning
 - Date: _____
 - By: _____
 - Fee Paid \$ _____
 - Rec'd. By: _____
 - Completed Brotherhood Ceremony
 - Card & Sash Issued Date: _____
- This card should be returned to the Arrowman at completion.

CHAPTER ACTIVITIES

Participation in the following activities must be verified by Chapter Chief:

1. Attend two of the following Chapter meetings:

	Date	Signature
November Meeting	_____	_____
February Meeting	_____	_____
May Meeting	_____	_____
August Meeting	_____	_____

2. Participate in one of the following activities:

Camp Promotion	_____	_____
Elangomat	_____	_____
Ordeal Team	_____	_____
Dance Team	_____	_____

3. Participated in a Service Project

_____	_____
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LODGE ACTIVITIES

Participate in the following activities must be verified by the Chapter Chief:

Attend one of the following activities:

	Date	Signature
Fall Reunion	_____	_____
Fellowship Banquet	_____	_____
Spring Conclave	_____	_____

CAMPING RECORD

Six days and nights of camping. Dates _____
 (Scout must attend long term camp. Explorers and Scouters must accumulate a total of six days and nights)

Items above are to be signed by the chapter chief unless specified.

APPLICANT'S CERTIFICATION:

I certify that I have maintained my Lodge and Scout registration, continued my interest in Scouting and camping, and have continued to serve others cheerfully. I have attended OA functions so far as I am able, and now wish to seal my membership in the order.

DATE: _____ SIGNED: _____

UNIT LEADER'S CERTIFICATION:

I certify that the above candidate has completed the camping requirements since attaining Ordeal membership and has lived in accordance with the Scout Oath and Law, and the principles of the Order of the Arrow, showing cheerfulness in service to others.

DATE: _____ SIGNED: _____