

**SHAWNEE LODGE
ORDER OF THE ARROW**

ELANGOMAT APPLICATION



NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP NO. _____

CHAPTER (DISTRICT) _____

UNIT NO. _____

EXTENDED ELANGOMAT PROGRAM

Participation in the following events must be verified by the Chapter Chief/Chapter Adviser:

1. Attend the following training events:

	Date	Signature
Lodge Elangomat Training	_____	_____
Chapter Elangomat Training	_____	_____

2. With the aid of another Elangomat, appropriately lead a clan of 5-10 candidates through their service at one of the following activities:

	Date	Signature
Fall Reunion	_____	_____
Spring Conclave	_____	_____

3. With the aid of another Elangomat, maintain communication with the candidates of the clan for a period of one year.

Date: _____ Signature: _____

Chapter Chief or Chapter Adviser Certification:

I certify that the above Elangomat's clan attained a quality rate of members becoming Brotherhood Honor members after a period of one year as a direct result of the Elangomat's determination and guidance.

Date: _____ Signature: _____