



# Amangi Nacha Lodge 47

Lodge Chief  
Stephen Arndt  
8184 Finmere Way  
Sacramento, CA 95829  
916-682-1476  
stratdudetopm@frontiernet.n



Lodge Adviser  
Gilbert Canady  
229 West Q Street  
Rio Linda, CA 95673  
(916) 991-1392  
gcanady@sbcglobal.net



Dear Arrowman,

Registration Dues for the year 2006 are due and payable as of January 1, 2006. Please print and submit the following form(s) along with your payment of **\$12.00** as instructed below. You are reminded that current registration in the Boy Scouts of America is a prerequisite to active membership in the Order of the Arrow. Current registration is required to attend any OA function and to buy OA trading post items.

All Arrowmen under the age of 18 must complete the attached Lodge Medical Release Form and submit it along with the latest copy of your current Class 2 or 3 BSA Medical Form with your dues renewal. This release will be valid for all OA events throughout the year. You will not be required to submit additional permission or medical forms in 2006 for Lodge events.

Please mail forms and payment to **Amangi Nacha Lodge #47, Boy Scouts of America, P.O. Box 13558 Sacramento, CA. 95853-0058**. Please make checks payable to *Amangi Nacha Lodge*. In order to help the Lodge maintain accurate records for all our members, you are asked to complete **all** items on the registration form. It is very important for you to print legibly. Be sure to include your Area Code since the Lodge has at least four Area Codes in our service area.

Questions regarding membership may be directed to the Lodge Financial Adviser, Glen Witcolmb, at (916) 689-6095. Your 2006 OA membership card will be given to your Chapter Adviser to get to you. If you received forms and an invoice in the mail for your dues you are asked to use those for your submittal as they are preprinted with your personal data as included in the Lodge Records.

---

**Amangi Nacha Lodge #47  
Golden Empire Council – Boy Scouts of America  
2006 Dues Registration Form**

Please print legibly:

Name: \_\_\_\_\_ District/ Chapter: \_\_\_\_\_ Troop/ Unit: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ OA Honor: \_\_\_\_\_ Date Received: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Lodge Newsletter Delivery Preference: E-mail Notification and download from website \_\_\_\_; Bulk Rate US Mail \_\_\_\_

For payments made by credit card (Visa or Master Card only please), provide the following:

Name on card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Amangi Nacha Lodge #47**

**Golden Empire Council  
2006 Medical Release/Parent Consent Form**

**For youth under age 18:**

I/We, \_\_\_\_\_, do hereby give consent for \_\_\_\_\_ to  
(Parent(s)/Guardian Name) (Scout's Name)  
participate in all OA activities for calendar year 2006, effective \_\_\_\_\_(date).

I/We, the undersigned, parent or guardian of said minor, do hereby authorize the Adult Leader(s) in charge as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which deem advisable by, and is to be rendered by or under the general or specific supervision of any physician and/or surgeon licensed under the Medical Practices Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital are required, but is given to provide authority on the part of aforesaid agent for treatment deemed advisable. Adult leader(s) will make every effort to contact the Parent(s) or Guardians as soon as possible. I also give my permission for the adult leader to treat minor injuries or illnesses while at the event.

In case of an accident or illness and medical attention is required for my/our adolescent/ward, it should be obtained and I/we accept full responsibility for all expenses occurred. I/we waive all claims against the leaders and officers of this activity, agents, and representatives of the Boy Scouts of America.

Name(s): \_\_\_\_\_  
Printed parent or guardian Printed parent or guardian

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_(\_\_\_\_\_)\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_(\_\_\_\_\_)\_\_\_\_\_