



Membership Registration Summary

Membership Year through 9/30/20_____

GIRL SCOUT MISSION

Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

GRP/TRP	SU/TEAM AREA	AREA	COUNCIL CODE	CHECK ONE
				<input type="radio"/> New Group <input type="radio"/> Renewing Members

Form completed by: (check one) Volunteer Council Staff

Name: First _____ Last _____

(_____) _____
Phone Number E-Mail

Check the one term that best describes the primary way in which these girls participate:

Group/Troop (Same group of girls participating together, long-term)

Individual (Girls will participate in one or multiple ways, not as part of a long-term group)

Program Duration: (check one)

8-12 months 4-7 months 1-3 months 1-4 weeks 6 days or less

Program Frequency: (check one)

Daily Weekly Every other week Monthly 1-3 times annually

Check the level that best describes the majority of girl registrants in the group:

Grade K-1 (Daisy) Grades 2-3 (Brownie) Grades 4-5 (Junior)

Grades 6-8 (Cadette) Grades 9-10 (Senior) Grades 11-12 (Ambassador)

Meeting Place: (check one)

Public facility Home School Religious building Other organization facility Council facility Other

Meeting Day, Time, and Location: (fill in all)

Day: _____

Start time: _____ End time: _____

Name of meeting place: _____

Address: _____

<p>Annual Registrations:</p> <p># of Girls: _____ (x \$12 each)= _____</p> <p># of Adults: _____ (x \$12 each)= _____</p> <p>Total Amount of Fees: \$ _____</p> <p>Donations Received: \$ _____</p> <p>Other: \$ _____</p> <p>Total Amount Attached: \$ _____</p>	<p>Lifetime Registrations:</p> <p># of Lifetime Adults: _____ (x \$300 each)= _____</p> <p># of Graduating Ambassadors*: _____ (x \$156 each)= _____</p> <p>Total Amount of Fees: \$ _____</p> <p>Donations Received: \$ _____</p> <p>Other: \$ _____</p> <p>Total Amount Attached: \$ _____</p>
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Membership in Girl Scouts of the USA (GSUSA) are non-refundable or transferable

*Must be a currently registered Girl Scout who will be graduating high school (or equivalent). Registration and payment must be submitted by Sept. 1st.

Count the number of times each payment is used, and total the amount of each payment type attached:

PAYMENT	COUNT	TOTAL AMOUNT	PAYMENT	COUNT	TOTAL AMOUNT
Cash:	# _____	\$ _____	Check(s):	# _____	\$ _____
Amex:	# _____	\$ _____	Discover:	# _____	\$ _____
Visa:	# _____	\$ _____	MasterCard:	# _____	\$ _____
Other:	Specify _____			# _____	\$ _____
Other:	Specify _____			# _____	\$ _____

Summary/Receipt #: _____

Batch Date: ____/____/____

Batch #: _____

Please complete this form and attach completed member registration forms and payment for the total amount of fees. Please be sure to note additional payments or contributions in the space provided and return to your local council representative.

COMPLETED BY

INVOLVE

PROGRAM

GRADE LEVELS

MEETING INFO

REGISTRATION FEES

PAYMENT SUMMARY