

PAYMENT COUNT

Specify____

Cash:

Amex:

Visa:

Other:

Other:

TOTAL AMOUNT

#_____ \$____ Discover:

Specify_____

#______\$____MasterCard: #______\$

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.

Form completed by: (check one) O Vo	COUNCIL USE ONLY Summary/Receipt #:	
Name: First Last	Batch Date:	
		/
Phone Number E-Ma	Batch#:	
Check the one term that best describes the	e primary way these girls are registering: Program Name:	
O Group (same group of girls participating tog	gether such as a troop or series)	
O Individual (Girls will participate in one or mu	ultiple ways, not as part of a long-term group) Start Date:	
Program Duration: (check one)	Location:	
○ 8–12 months ○ 4–7 months	O 1–3 months O 1–4 weeks O 6 days or less	
Program Frequency: (check one)	Account Code:	
O Daily O Weekly	O Every other week O Monthly O 1–3 times annually Release of Funds:	
Check the level that best describes the maj	jority of girl registrants in the group:	
○ Grade K–1 (Daisy)	O Grades 2–3 (Brownie) O Grades 4–5 (Junior)	
O Grades 6-8 (Cadette)	O Grades 9–10 (Senior) O Grades 11–12 (Ambassador)	
Meeting Place: (check one)	Meeting Day, Time, and Location: (fill in all)	
O Public facility	Day:	
O Home	Start time:End time:	
O School	Name of meeting place:	
O Religious building		
O Other organization facility	Address:	
O Council facility		
O Other		
Annual Registrations:	Lifetime Registrations:	
# of Girls:(x \$30 each)=_	# of Lifetime Adults:(x \$375 each)=	
# of Adults:(x \$15 each)=_	# of Graduating Ambassadors*:(x \$195 each)=	
Total Amount of Fees: \$_	Total Amount of Fees: \$	
Donations Received: \$_	Donations Received: \$	
Other: \$_	Other:\$	
Total Amount Attached: \$_	Total Amount Attached: \$	
Membership fees in Girl Scouts of the USA (GSUS 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.	

PAYMENT COUNT

_ Check(s):

TOTAL AMOUNT

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.