girl scouts

Membership Registration Summary

Membership Year through 9/30/2015

GRP/TRP	SU/TEAM AREA	AREA	COUNCIL CODE	CHECK ONE
				○ New Group ○ Renewing Members

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

COMPLETED BY

Form completed by: (check one) ○ Volunteer ○ Staff

Name: First Last

( )
Phone Number E-Mail

INVOLVE

Check the one term that best describes the primary way these girls are registering:

○ Group (same group of girls participating together such as a troop or series)

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

PROGRAM

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

GRADE LEVELS

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) ○ Multi-Grade

MEETING INFO

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:

REGISTRATION FEES

Annual Registrations:

# of Girls: *(x $30 each)=*

# of Adults: *(x $15 each)=*

Total Amount of Fees: $

Donations Received: $

Other: $

Total Amount Attached: $

Lifetime Registrations:

# of Lifetime Adults: *(x $375 each)=*

# of Graduating Ambassadors*: *(x $195 each)=*

Total Amount of Fees: $

Donations Received: $

Other: $

Total Amount Attached: $

Membership fees 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.

PAYMENT SUMMARY

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			#	$

COUNCIL USE ONLY

Summary/Receipt #:

Batch Date: / /

Batch #:

Program Name:

Start Date:

Location:

Account Code:

Release of Funds:

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.