girl scouts

Membership Dues Summary

Mem. Year through 9/30/_____

DS no./recpt no _____

Batch _____

Batch Date _____

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

Grp/Trp No.	SU/Team Area	Registration Area	Council Code	Check One
_____	_____	_____	_____	O New Group O Re-Registering Group

INVOLVE

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

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

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

DURATION

Program Duration: *(check one)*

O 8-12 Months O 4-7 Months O 1-3 Months O 1-4 Weeks O 6 Days or less

PROGRAM

Program Frequency: *(check one)*

O Daily O Weekly O Every other week O Monthly O 1-3 times annually

GRADE LEVEL

Please check one grade level that represents the majority of the girls that are registered now:

O 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)

PLACE

Type of Meeting Place: *(check one)*

O Public Facility O Home O School O Religious Building

O Other Organization Facility O Council Facility O Other_____

LOCATION

Meeting day, time, and location: *(fill in all)*

Day_____Start Time_____ End Time_____

Name of meeting place _____

Address _____

ANNUAL REGISTRATION

Annual Registrations:

Number of Girls _____ *($12 each)*

Number of Adults _____ *($12 each)*

Total Number _____

Total amount of dues $_____

Donations received $_____

Other monies $_____

Total amount attached $_____

LIFETIME REGISTRATION

Lifetime Registration:

Number of Graduating Seniors* _____ *($156 each)*

Number of Lifetime Adults _____ *($300 each)*

Total Number _____

Total amount of Lifetime dues $_____

Donations received $_____

Other monies $_____

Total amount attached $_____

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

PAYMENT

MEMBERSHIP IN GIRL SCOUTS OF THE USA(GSUSA): *(not refundable or transferable)*

#_____ $_____ Cash

#_____ $_____ Check(s)

#_____ $_____ Visa

#_____ $_____ MasterCard

#_____ $_____ Amex

#_____ $_____ Discover

#_____ $_____ Other *(specify)*_____

COMPLETED BY

Form completed by: *(check one)*

O Volunteer O Council Staff

Name _____

PhoneNumber_____Email_____