

Signature of Parent/Caregiver

## Girl Scout Membership - Girl Member Join the global Movement of Girl Scouts

**GIRL SCOUT MISSION** 

Girl Scouting builds girls of courage, confidence, and character,

Membership Year: October 1, 2023 - September 30, 2024

ck one:	O New Member	o Renewing Member		
		Troop # o Non-Troo	p Member	MEMBERSHIP OPTIONS
				Annual Membership
Name: Firs	st	Middle	Last	o Annual dues: \$25
				Membership will be valid from
Address			Apartment	October 1, 2023 through
City		State / Zip Code	( ) Home Phone	September 30, 2024.
( )				New Members Only
Girl Cell Ph	one (only if 13 and o	lder) Girl Email Address (only if 13	3 or older)	o Extended year dues: \$35
Date of birth (mm/dd/yyyy):/ Number of years as a Girl Scout: School grade in Fall 2023:				Available for purchase between
Name of so	chool in Fall 2023:			April 1 - September 30, 2023.
0:-10			P	Membership will be valid until September 30, 2024.
			. By completing the following information (as defined by your community. Hispanic/Latina is defined as an ethnic-	30ptember 30, 2024.
ity, not a ra	ce, and therefore is rep	ported separately. This information is used	for statistical purposes only.	YES! I would like to make a
Race/Ethr	nicity (Check all that a	apply):		donation today that directly
	n Indian or Alaskan Na		Other (Please specify.)	benefits girls in our area.
o Asian	African A	O White	O Lehoosa not to share at this time	Enclosed is my tax-deductible
O Black or	African American	o Hispanic or Latino/a	o I choose not to share at this time.	donation.
				Check one:
				o \$500 o \$250 o \$150
Primary Parent/Caregiver Name: First, Middle, Last Gender: O Male O Female O I choose not to share at this time.				o \$100 o \$50 o \$25
Gender: (	o Male o Female	o I choose not to share at this time	<b>.</b>	o Other \$
Address o	Address is same as g			
() Home Phon	20	Business Phone	/	PAYMENT INFORMATION
( )	IC	Dusiness Phone	Date of birth (mm/dd/yyyy)	Membership Dues: \$
Cell Phone		Email Address		D 11 A
				Donation: \$
Secondary Parent/Caregiver Name: First, Middle, Last				Total Attached: \$
Gender: O Male OFemale O I choose not to share at this time.				o Cash o Check*
Address o	Address is same as g	nirl's		o Amex o Discover
<u>( )</u>		( )	1 1	o Visa o MasterCard
Home Pho	ne	Business Phone	Date of birth (mm/dd/yyyy)	Requests Financial Assistance
() Cell Phone		Email Address		- Mayassa I mansiai rissistance
mi ci ic	4.D			Name on Credit Card
On my honor	<b>out Promise</b> r, I will try:	The Girl Scout Law I will do my best to be	Acknowledgements  o I/We acknowledge that the registrant will accept	
To serve Go	d and my country,	honest and fair,	and abide by the Girl Scout Promise and Law and the	Credit Card #
	ple at all times, by the Girl Scout Law.	friendly and helpful, considerate and caring,	registrant has permission to join Girl Scouts.	
	•	courageous and strong, and	o By checking this box, I agree to receive recurring	Expiration Date CVV Cod
	ng the Girl Scout dividual members may	responsible for what I say and do, and to	automated and personalized marketing text messages and calls about Girl Scouting, promotions, and other	
	vording appropriate to piritual beliefs for the	respect myself and others,	ways to get involved, from my local Girl Scout council	Signature
word "God."		respect authority, use resources wisely,	and Girl Scouts of the USA, at the phone number(s) provided. Consent is not a condition of membership.	
		make the world a better place, and		Date
Media Per		be a sister to every Girl Scout.		*Make checks payable to Girl Scouts of
			to be interviewed, photographed, videotaped, or bromotional materials, news releases, or other published	Southwest Indiana.
formats by my local Girl Scout councils and/or Girl Scouts of the USA. The images will be the sole property of my local Girl Scout council and/or Girl Scouts of the USA. I and my heirs, successors and assigns hereby release and hold harmless my local Girl Scout				ADMIN USE
		USA. I and my heirs, successors and assig A from any claim arising from the use of tl		
				Council code:
				Service unit/team:

Signature of Parent/Caregiver