



# Adult Membership

Join the global network of 2.6 million Girl Scouts  
Membership year through 9/30/2020

**THANK YOU FOR SUPPORTING GIRL SCOUTS!**  
Learn more about Girl Scouts at [www.girlscoutsgwm.org](http://www.girlscoutsgwm.org).

Register online today at [www.girlscoutsgwm.org/join!](http://www.girlscoutsgwm.org/join!)

**Check one:**  New Member  Renewing Member  Lifetime Member  Troop # \_\_\_\_\_

CONTACT INFORMATION

**Title or salutation:**  Mrs.  Ms.  Miss  Mr.  Dr.  Other: \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Business Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Email Address

Employer \_\_\_\_\_ Title/Occupation \_\_\_\_\_

DEMOGRAPHICS

*Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the U.S. Census Bureau), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity, not a race, therefore reported separately. This information is used for statistical purposes only.*

**Gender:**

- Female
- Male

**I am** (Check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander

**Number of years in Girl Scouting:**

As a girl: \_\_\_\_\_

As an adult: \_\_\_\_\_

**Date of birth:**

mm / dd / yyyy

**I am Hispanic or Latina:**

- Yes
- No
- I choose not to share at this time.

PARTICIPATION

**I will be participating in Girl Scouting as** (Check all that apply):

- Volunteer—I am/will be volunteering for Girl Scouts.
- Parent/family—I am a parent/guardian/family member of a Girl Scout.
- Girl Scout alum—I was a Girl Scout, either as a girl, adult, or both.
- I am interested in volunteering in another capacity

**As a volunteer, I would like to participate in the following role(s):**

- Troop Leader - Primary Contact
- Troop Leader
- Troop Helper
- Troop Chaperone
- Troop Driver
- Troop Product Sales
- Troop Treasurer

**Representing group(s)/troop(s) #:**

- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_

ACCEPTANCE

**Media Permission**

When participating in Girl Scout activities, I (or the person I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for either the local Girl Scout council or Girl Scouts of the USA. The images will be the sole property of the local Girl Scout council or Girl Scouts of the USA. I hereby release and hold harmless the local Girl Scout council and Girl Scouts of the USA from any claim arising from the use of these images.

- I wish to opt out at this time.

*I accept and abide by the Girl Scout Promise and Law:*

Signature \_\_\_\_\_ Date \_\_\_\_\_

ADMIN USE

Council Code: \_\_\_\_\_ Service Unit/Team: \_\_\_\_\_ Group: \_\_\_\_\_

**MEMBERSHIP OPTIONS**

**Annual Membership**

- Annual fee: \$25

**Lifetime Membership**

- One-time fee of \$400  
Adult 18 years or older who is not a former girl member or former girl member who is 30 years or older.

**Young Alumnae Lifetime Membership**

- One-time fee of \$200  
Former girl member who is 18-29 years old.

**New Members Only**

- Extended year: \$35  
Available for purchase between **April 1 and September 30, 2019**. Valid from date of purchase until September 30, 2020.

**YES!** I would also like to make a donation today that directly benefits girls in our area. Enclosed is my tax-deductible donation.

Check one:

- \$500  \$250  \$150
- \$100  \$50  \$25
- Other: \$ \_\_\_\_\_

**PAYMENT INFORMATION**

Annual Membership: \$ \_\_\_\_\_

Lifetime Membership: \$ \_\_\_\_\_

Young Alumnae Lifetime Membership: \$ \_\_\_\_\_

Extended Year Fee: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

**Total Attached: \$ \_\_\_\_\_**

- Cash  Check\*
- Amex  Discover
- Visa  MasterCard
- Other \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*\*Make checks payable to Girl Scouts.*

**Return this registration form, along with the applicable GSUSA membership fee, to:**

**GSGWM  
1 Commerce Drive  
Bedford, NH 03110**

**Fees are not refundable or transferable to another person.**