



# Membership Registration Summary

Membership year through 9/30/2021

## GIRL SCOUT MISSION

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

GRP/TRP	SU/TEAM AREA	AREA	COUNCIL CODE

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

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Name: First \_\_\_\_\_ Last \_\_\_\_\_  
 (\_\_\_\_\_) \_\_\_\_\_  
 Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**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

**Check the level that best describes the majority of girl registrants in the group:**

Grade K-1 (Daisy)     Grades 6-8 (Cadette)     Multi-Grade

Grades 2-3 (Brownie)     Grades 9-10 (Senior)

Grades 4-5 (Junior)     Grades 11-12 (Ambassador)

**Annual / Extended Year Registrations:**

# of Girls Annual: \_\_\_\_\_ (x \$40 each)= \_\_\_\_\_    Total Amount of Fees: \$ \_\_\_\_\_

# of Girls Extended: \_\_\_\_\_ (x \$56 each)= \_\_\_\_\_    Donations Received: \$ \_\_\_\_\_

# of Adults: \_\_\_\_\_ (x \$25 each)= \_\_\_\_\_    Other: \$ \_\_\_\_\_

# of Adults Extended: \_\_\_\_\_ (x \$35 each)= \_\_\_\_\_    **Total Amount Attached: \$ \_\_\_\_\_**

**Membership fees in Girl Scouts of the USA (GSUSA)** are not refundable or transferable.

**Lifetime Registrations:**

# of Lifetime Membership\*: \_\_\_\_\_ (x \$400 each)= \_\_\_\_\_    Total Amount of Fees: \$ \_\_\_\_\_

# of Young Alumnae\*\*: \_\_\_\_\_ (x \$200 each)= \_\_\_\_\_    Donations Received: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

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

\* An adult 18 years or older who is not a former girl member or a former girl member who is 30 years or older.

\*\* Must be a former girl member between 18 to 29 years old.

**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:	# _____	\$ _____
Financial Aid	_____	\$ _____			
Other:	Specify _____	\$ _____			

## COUNCIL USE ONLY

Summary/Receipt #:

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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.

COMPLETED BY: \_\_\_\_\_  
PROGRAM: \_\_\_\_\_  
GRADE LEVELS: \_\_\_\_\_  
REGISTRATION FEES: \_\_\_\_\_  
PAYMENT SUMMARY: \_\_\_\_\_