

GIRL INFORMATION	Troop/Group #: _____ or Individual <input type="checkbox"/> Service Unit: _____ iMIS ID# _____	MEMBERSHIP EXPIRATION		
	<input type="checkbox"/> New Member (first time registering) <input type="checkbox"/> Re-registering: This is my _____ year in Girl Scouts.		MONTH 10	YEAR
	Program Age Level (check one): <input type="checkbox"/> Daisy Girl Scout (<i>Grade K</i>) <input type="checkbox"/> Brownie Girl Scout (<i>Grade 1-3</i>) <input type="checkbox"/> Junior Girl Scout (<i>Grade 4-6</i>)			
	<input type="checkbox"/> Cadette Girl Scout (<i>Grade 7-9</i>) <input type="checkbox"/> Senior Girl Scout (<i>Grade 10-12</i>) <input type="checkbox"/> STUDIO 2B (<i>Age 11-12</i>) <input type="checkbox"/> STUDIO 2B (<i>Age 13-14</i>) <input type="checkbox"/> STUDIO 2B (<i>Age 15-17</i>)			
	First Name: _____		Middle Name: _____	
	Last Name: _____		Mailing Address: _____	
	Apt. #: _____		PO Box: _____	
	City: _____		State: _____ Zip: _____	
Phone: () _____		<input type="checkbox"/> Check if this is a new address within the last year. Previous Address: _____		
Birthdate: MM / DD / YYYY		School: _____		
Current Grade: _____		Girl's E-mail* (If different from parent/guardian): _____		

** By providing your e-mail address on this form, you are confirming your permission to receive e-mails from the Girl Scouts.*

PARENT INFORMATION	Parent/Guardian Name: _____		Home Phone: _____
	Address (if different from girl's): _____		
	Employer: _____	Position: _____	Work Phone: _____
	E-mail:* _____		Cell Phone: _____
	Parent/Guardian Name: _____		Home Phone: _____
	Address (if different from girl's): _____		
	Employer: _____	Position: _____	Work Phone: _____
	E-mail:* _____		Cell Phone: _____

MEMBERSHIP DATA	By completing the following optional questions, you can help ensure community support and funding for Girl Scouts. Girl Scouts respects and welcomes people from all backgrounds and abilities. This information is used for statistical purposes only. Thank you for providing the information requested.			
	Race/Ethnicity: (Complete A and B)	A. Are you Hispanic/Latino? <input type="checkbox"/> yes <input type="checkbox"/> no	B. Mark one or more:	<input type="checkbox"/> Black, African American <input type="checkbox"/> Native American, American Indian, Alaskan Native <input type="checkbox"/> African <input type="checkbox"/> White, European American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Native Hawaiian, Pacific Islander
	I have the following disability/disabilities: <input type="checkbox"/> Developmental <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Other: _____ (Check all that apply)			
	Annual Household Income: <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> My daughter or ward qualifies for free or reduced-price lunch.			

PERMISSION	<input type="checkbox"/> The council may NOT use photographs, audio recordings, quotes, stories or videotape of my daughter/ward to help promote Girl Scouting.	
	<input type="checkbox"/> My Girl Scout may participate in the Cookie Program. We agree to follow all rules and guidelines as outlined by the council.	
	<input type="checkbox"/> I am requesting assistance with the \$10 annual membership dues. I can pay \$ _____ toward the \$10 dues.	
	<input type="checkbox"/> I would like to contribute: (please check one) <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> Other: _____	I understand that my voluntary, tax-deductible gift will help support girls locally and will remain in the local council. (Please contact your employer to inquire about a matching gifts program. Your contribution could be doubled or tripled.)
	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card # _____ Exp. Date _____ Signature: _____ Date: _____	
I am willing to have my girl join Girl Scouts. I understand Girl Scouts of the USA (GSUSA) membership is \$10 per year. I have read the information above and have answered each question to the best of my ability. It is my responsibility to know where my daughter/ward's activities/meetings are held. I am responsible for seeing that my daughter/ward gets to and from activities/meetings in a safe and timely manner.		
Signature: _____ Date: _____		

Data Privacy Policy: Girl Scouts is committed to respecting the privacy of our members. We do not sell or trade membership lists, contact information, or any other personal data about individual members for any reason.	
\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> CK#: _____ <input type="checkbox"/> Other: _____
Office Use Only: Date Received: _____ Initials: _____	

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