

On my honor, I will try:  
To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law.

I will do my best to be:  
honest and fair,  
friendly and helpful,  
considerate and caring,  
courageous and strong, and  
responsible for what I say and do,  
and to  
respect myself and others,  
respect authority,  
use resources wisely,  
make the world a better place, and  
be a sister to every Girl Scout.

**Ann Arbor Regional Center**

1900 Manchester Road  
Ann Arbor, MI 48104

**Jackson Regional Center**

4403 Francis Street  
Jackson, MI 49203

**Kalamazoo Regional Center**

601 West Maple Street  
Kalamazoo, MI 49008

**Lansing Regional Center**

1223 Turner Street  
Suite 200  
Lansing, MI 48906

**Saginaw Regional Center**

5470 Davis Road  
Saginaw, MI 48604

**Girl Scouts of the USA is  
dedicated to providing equal  
access to membership for all  
girls and adults.**

Membership dues are not  
refundable or transferable to  
another person.

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

**1. Group Information:**

Council Code: 456 5-Digit Troop # ..... New Reregistering Area Code..... County Code.....

Check the one term that best describes the primary way in which these girls participate:  
Troop Interest Group Program Center/Facility In School Event Camp Individual Other

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 Per Year

Check one grade level that represents the majority of the girls who are registering now:  
OK-Grade 1 (Daisy) Grade 2-3 (Brownie) Grade 4-5 (Junior) Grade 6-8 (Cadette) Grade 9-10 (Senior) Grade 11-12 (Ambassador)

Type of meeting place (check one):  
1. Public Facility 2. Home 3. School 4. Religious Building 5. Other Organization's Facility 6. Council Facility 7. Other

Meeting Day and Location:  
 .....  
 Day Time  
 .....  
 Name of Meeting Location  
 .....  
 Address City State Zip Code

**2. Dues:**

.....Number of Girl Registrations Attached  
 + .....Number of Adult Registrations Attached  
 = .....Total Number of Girl and Adult Forms x \$20 = \$.....  
 Amount of Dues Assistance Requested - \$.....  
 Subtotal = \$.....  
 Contributions + \$.....  
 Total Enclosed = \$.....

**3. Your Information:**

Position (check one): Troop Leader/Advisor Council Staff

Membership Paid with Troop # ..... Lifetime Member Yes No

Name Address  
 .....  
 City State Zip Code Position with this troop  
 (.....)  
 Area Code Telephone Number E-mail

**4. Additional Lifetime Member(s) wishing to be attached to this troop:**

.....	.....	.....	.....	.....	.....
First Name	Middle Name	Last Name	First Name	Middle Name	Last Name
Address			Address		
.....			.....		
City	State	Zip Code	City	State	Zip Code
E-mail			E-mail		
Position with this troop			Position with this troop		