

# Membership Registration Summary

Membership Year through 9/30/2014

GRP/TRP	AREA	COUNCIL CODE	CHECK ONE
		456	<input type="radio"/> New Group <input type="radio"/> Renewing Members

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

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

**Check the one term that best describes the primary way these girls are registering:**

Group (same group of girls participating together such as a troop or series)  
 Individual (Girls will participate in one or multiple ways, not as part of a long-term group)

**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 2-3 (Brownie)  Grades 4-5 (Junior)  
 Grades 6-8 (Cadette)  Grades 9-10 (Senior)  Grades 11-12 (Ambassador)

**Meeting Place:** (check one)  
 Public facility  
 Home  
 School  
 Religious building  
 Other organization facility  
 Council facility  
 Other

**Meeting Day, Time, and Location:** (fill in all)  
Day: \_\_\_\_\_  
Start time: \_\_\_\_\_ End time: \_\_\_\_\_  
Name of meeting place: \_\_\_\_\_  
Address: \_\_\_\_\_

<p><b>Annual Registrations:</b></p> <p># of Girls: _____ (x \$25 each)= _____ # of Adults: _____ (x \$15 each)= _____</p> <p>Total Amount of Fees: \$ _____ Donations Received: \$ _____ Other: \$ _____ <b>Total Amount Due: \$ _____</b></p>	<p><b>Lifetime Registrations:</b></p> <p># of Lifetime Adults: _____ (x \$375 each)= _____ # of Graduating Ambassadors*: _____ (x \$195 each)= _____</p> <p>Total Amount of Fees: \$ _____ Donations Received: \$ _____ Other: \$ _____ <b>Total Amount Due: \$ _____</b></p>
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**Membership fees in Girl Scouts of the USA (GSUSA)** are non-refundable or transferable

\*Must be a currently registered Girl Scout who will be graduating high school (or equivalent). Registration and payment must be submitted by Sept. 1st.

**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:	# _____	\$ _____
Dues Assistance Requested:	# _____	\$ _____			
Other:	Specify _____		# _____		\$ _____

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

**COUNCIL USE ONLY**

Summary/Receipt #:

Batch Date: \_\_\_\_\_

Batch #:

Program Name:

Start Date:

Location:

Account Code:

Release of Funds:

**Six Locations to Serve You!**

- 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
- Turkeyville Office**  
18935 15 1/2 Mile Road  
Marshall, MI 49068
- Ypsilanti/Ann Arbor Regional Center**  
444 James L. Hart Parkway  
Ypsilanti, MI 48197

**800-49-SCOUT**  
**gshom.org**

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  
INVOLVE  
PROGRAM  
GRADE LEVELS  
MEETING INFO  
REGISTRATION FEES  
PAYMENT SUMMARY