



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

Grp/Trp No.	Area	Council Code	Check One
_____	_____	456	<input type="radio"/> New Group <input type="radio"/> Re-Registering Group

**INVOLVE** Check the one Term that best describes the primary way in which these girls participate:

Troop/Group (Same group of girls participating together, long-term)

Individual (Girls will be participating in one or multiple ways, not as part of a long-term group)

**DURATION** Program Duration: (check one)

8-12 Months     4-7 Months     1-3 Months     1-4 Weeks     6 Days or less

**PROGRAM** Program Frequency: (check one)

Daily     Weekly     Every other week     Monthly     1-3 times annually

**GRADE LEVEL** Please check one grade level that represents the majority of the girls that are registered now:

Grades K-1 (Daisy)     Grades 2-3 (Brownie)     Grades 4-5 (Junior)

Grades 6-8 (Cadette)     Grades 9-10 (Senior)     Grades 11-12 (Ambassador)

**PLACE** Type of Meeting Place: (check one)

Public Facility     Home     School     Religious Building

Other Organization Facility     Council Facility     Other \_\_\_\_\_

**LOCATION** Meeting day, time, and location: (fill in all)

Day \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Name of meeting place \_\_\_\_\_

Address \_\_\_\_\_

ANNUAL REGISTRATION	LIFETIME REGISTRATION
<p><b>Annual Registrations:</b></p> <p>Number of Girls _____ (\$20 each)</p> <p>Number of Adults _____ (\$20 each)</p> <p><b>Total Number</b> _____</p> <p>Total amount of dues \$ _____</p> <p>Donations received \$ _____</p> <p>Other monies \$ _____</p> <p><b>Total amount due</b> \$ _____</p>	<p><b>Lifetime Registration:</b></p> <p>Number of Graduating Seniors* _____ (\$156 each)</p> <p>Number of Lifetime Adults _____ (\$300 each)</p> <p><b>Total Number</b> _____</p> <p>Total amount of Lifetime dues \$ _____</p> <p>Donations received \$ _____</p> <p>Other monies \$ _____</p> <p><b>Total amount attached</b> \$ _____</p>

\*Must be a currently registered Girl Scout who will be graduating high school (or equivalent). Registration and payment must be submitted by September 1, 2013.

**PAYMENT** MEMBERSHIP IN GIRL SCOUTS OF THE USA (GSUSA) & Girl Scouts Heart of Michigan (GSHOM): (not refundable or transferable)

# _____ \$ _____ Cash	# _____ \$ _____ Discover
# _____ \$ _____ Check(s)	# _____ \$ _____ Cookie Cash
# _____ \$ _____ Visa	# _____ \$ _____ Other (specify) _____
# _____ \$ _____ MasterCard	# _____ \$ _____ Dues Assistance Req.

**COMPLETED BY** Form completed by: (check one)

Volunteer     Council Staff

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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**www.GSHOM.org**