

# Membership Registration Summary

Membership year through 9/30/2019

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)  Multi-Grade

**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 \$35 each)= _____          # of Adults: _____ (x \$25 each)= _____</p> <p>Total Amount of Fees: \$ _____          Donations Received: \$ _____          Other: \$ _____  <b>Total Amount Attached: \$ _____</b></p>	<p><b>Lifetime Registrations</b></p> <p># of Lifetime Adults*: _____ (x \$400 each)= _____          # of Young Alumnae**: _____ (x \$200 each)= _____</p> <p>Total Amount of Fees: \$ _____          Donations Received: \$ _____          Other: \$ _____  <b>Total Amount Attached: \$ _____</b></p>
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Membership fees are not refundable or transferable.

\*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):	# _____	\$ _____
Discover:	# _____	\$ _____	MasterCard:	# _____	\$ _____
Visa:	# _____	\$ _____	Cookie Cash:	# _____	\$ _____
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:  
 \_\_\_\_\_

**Five Regional Centers to Serve You**  
[gshom.org](http://gshom.org) | 800-49-SCOUT

**Jackson Regional Center**  
 4403 Francis St  
 Jackson, MI 49203  
 517-784-8543  
 517-784-9553 FAX

**Kalamazoo Regional Center**  
 601 W Maple St  
 Kalamazoo, MI 49008  
 269-343-1516  
 269-492-1439 FAX

**Lansing Regional Center at Wacousta**  
 13287 Wacousta  
 Grand Ledge, MI 48837  
 517-699-9400  
 517-699-9405 FAX

**Saginaw Regional Center**  
 5470 Davis Rd  
 Saginaw, MI 48604  
 989-799-9565  
 989-799-1450 FAX

**Ypsilanti/Ann Arbor Regional Center**  
 444 James L. Hart Parkway  
 Ypsilanti, MI 48197  
 734-714-5140  
 734-714-3037 FAX

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 Girl Scouts Heart of Michigan.

COMPLETED BY  
INVOLVE  
PROGRAM  
GRADE LEVELS  
MEETING INFO  
REGISTRATION FEES  
PAYMENT SUMMARY