

Girl Membership Registration

New Membership Year: October 1, 2011 – September 30, 2012

For Council Office Use Only

<input type="radio"/> Re-registration <input type="radio"/> New-registration _____ # years in Girl Scouting	
Troop/Group #:	County:
Service Unit Name / Code:	
GS Pathway:	<input type="radio"/> Camp <input type="radio"/> Events <input type="radio"/> Series <input type="radio"/> Travel <input type="radio"/> Troop <input type="radio"/> Virtual

Girl's Name:	
Address:	Grade in School (Fall 2011):
City, State, Zip:	School Name (Fall 2011):
Home Phone:	She is under the custodial care of: (check one)
Family Email:	<input type="radio"/> both parents <input type="radio"/> mother/guardian only
Date of Birth:	<input type="radio"/> father/guardian only <input type="radio"/> other (specify):

Guardian 1 Name	Guardian 2 Name
Address (if different)	Address (if different)
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email	Email
Employer/Occupation	Employer/Occupation

<p style="color: green;">RACIAL / ETHNIC INFORMATION</p> <p>We encourage you to voluntarily provide the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve service to members and advance the Girl Scout Movement.</p> <p>My racial background is: (check as many as apply)</p> <p><input type="radio"/> American Indian or Alaskan Native</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Hawaiian /Pacific Islander</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Other (specify _____)</p> <p>My ethnic background is: (check one)</p> <p><input type="radio"/> Hispanic or Latina</p> <p><input type="radio"/> Not Hispanic or Latina</p>	<p style="color: green;">FAMILY PARTNERSHIP CAMPAIGN : I would like to make a <u>donation</u> to GSWNY</p> <p> <input type="radio"/> \$250 <input type="radio"/> \$150 <input type="radio"/> \$75 <input type="radio"/> \$25 <input type="radio"/> Other \$ _____ </p> <p><input type="radio"/> My check made payable to GSWNY is attached.</p> <p><input type="radio"/> Credit card # _____ Exp. Date _____</p> <p>_____ C.V.V. (3-digit) # _____</p> <p>Signature (Cardholder name)</p> <p>Family Partnership provides parents and family members an opportunity to teach your Girl Scout the value of supporting organizations you believe in and sets the pathway for a lifetime of philanthropy. Gifts made to the Family Partnership Campaign provide unrestricted support to our Girl Opportunity Fund and help offset the cost of local Girl Scout program and adult training opportunities. Your gift is tax-deductible as allowed by law.</p>
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We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has our permission to join Girl Scouts.

Signature of Parent or Guardian

Date

We understand that when participating in Girl Scout activities the registrant may be photographed for print, video, or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout council or Girl Scouts of the USA. We acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA. I understand that neither my local Girl Scout council nor Girl Scouts of the USA will sell or distribute my membership information to another company/business or agency. (check here) I choose to opt out of having this registrant photographed, videotaped or otherwise electronically imaged.