



# Girl Scouts of Western New York Membership Dues Summary

through 10 / 01 / 2011 – 09 / 30 / 2012

**New Membership Year**

Complete this form and attach payment for the total amount of membership 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. Make all checks payable to: GSWNY.

**Complete (if known):**

<b>192</b>		Registrations Completed: <input type="checkbox"/> On-line <input type="checkbox"/> Enclosed		
Council Code	Troop / Group #		Service Unit Code	Registration Area

**Ways To Get Involved:**

**Camp:** Experience the great outdoors at overnight or day camp.

**Events:** Attend events centered on topics that interest you most.

**Series:** Explore your interests in a series of activities without committing to a full year.

**Travel:** Travel across town, throughout the country, or around the world.

**Troop:** Participate in exciting activities that last throughout the school year.

**Virtual:** Interact online with girls and volunteers in a safe, secure environment.

(Placement is based on grade level and availability)

**Check the one term that best describes the primary way in which these girls participate:      Program duration: (check one)**

- |                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> Camp   | <input type="checkbox"/> Travel  | <input type="checkbox"/> 8-12 months    |
| <input type="checkbox"/> Events | <input type="checkbox"/> Troop   | <input type="checkbox"/> 4-7 months     |
| <input type="checkbox"/> Series | <input type="checkbox"/> Virtual | <input type="checkbox"/> 1-3 months     |
|                                 |                                  | <input type="checkbox"/> 1-4 weeks      |
|                                 |                                  | <input type="checkbox"/> 6 days or less |

**Meeting/Program frequency: (check one)**

- Daily
- Weekly
- Every Other Week
- Monthly
- 1-3 times annually

**Type of meeting place: (check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Public Facility               | <input type="checkbox"/> Home (residential) |
| <input type="checkbox"/> School                        | <input type="checkbox"/> Religious Building |
| <input type="checkbox"/> Other Organizational Facility |   |
| <input type="checkbox"/> Council Facility              |   |
| <input type="checkbox"/> Other _____                   |   |

**Troop grade level:**

<b>Daisy</b>	<b>Brownie</b>	<b>Junior</b>	<b>Cadette</b>	<b>Senior</b>	<b>Ambassador</b>
<input type="checkbox"/> K <input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 11 <input type="checkbox"/> 12

**Meeting day and location: (  Check here if meeting info updated on-line)**

Day of the week:	Time:
Name of meeting place (be specific):	
Address:	
City:	State:      Zip:

**Council Service Centers:**

Batavia Service Center  
5 Jackson Street  
Batavia, NY 14020

Buffalo Service Center  
3332 Walden Ave Ste 106  
Depew, NY 14043

Jamestown Service Center  
2661 Horton Road  
Jamestown, NY 14701

Lockport Service Center  
5000 Cambria Road  
Lockport, NY 14094

Rochester Service Center  
1020 John Street  
West Henrietta, NY 14586

To contact any of our service centers, please call:

1-888-837-6410

Check out our Web site:  
[www.gswny.org](http://www.gswny.org)

**Check here if no funds enclosed – troop members re-registered on-line! Form for parent signatures only.)**

# Paid On-line		# Paying Now	Cash	Check	Charge	Financial Assistance	Total Funds
	Girl Registrations (\$12 ea)		\$	\$	\$	\$	\$
	Adult Registrations (\$12 ea)		\$	\$	\$	\$	\$
Donations Received:							\$
Total Payment Enclosed:							\$

**Position of volunteer completing this form: (check one)**

- Troop Leader/Co-Leader
- SU Registrar
- Council Staff
- Primary Adult Volunteer

**For Council Office Use Only:**

Name:
Address:
Telephone #:
GS ID Number (if known):