



# 2019 Membership Registration Summary

Membership year through 9/30/2019

TROOP	SERVICE UNIT	COUNCIL CODE
		192

**TROOP CO-LEADER**  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FORM COMPLETED BY:**  Co-Leader  Volunteer  GSWNY Staff  
 Name: \_\_\_\_\_

PROGRAM DURATION	PROGRAM FREQUENCY
<input type="checkbox"/> 8-12 months <input type="checkbox"/> 1-4 weeks	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly
<input type="checkbox"/> 4-7 months <input type="checkbox"/> 6 days or less	<input type="checkbox"/> Weekly <input type="checkbox"/> 1-3 times a year
<input type="checkbox"/> 1-3 months	<input type="checkbox"/> Every other week

**MEETING DAY, TIME AND LOCATION (fill in all)**

Day of the Week: \_\_\_\_\_  
 Meeting Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Name of Meeting Place: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St, Zip: \_\_\_\_\_

MEETING PLACE	GRADE LEVEL
<input type="checkbox"/> Public Facility	<input type="checkbox"/> Grades K-1 (Daisy)
<input type="checkbox"/> Home	<input type="checkbox"/> Grades 2-3 (Brownie)
<input type="checkbox"/> School	<input type="checkbox"/> Grades 4-5 (Junior)
<input type="checkbox"/> Religious Building	<input type="checkbox"/> Grades 6-8 (Cadette)
<input type="checkbox"/> Other Organization Facility	<input type="checkbox"/> Grades 9-10 (Senior)
<input type="checkbox"/> Other Council Facility	<input type="checkbox"/> Grades 11-12 (Ambassador)
<input type="checkbox"/> Other	<input type="checkbox"/> Multi Grade

**TROOP PAYMENT (via debit card)**  
 If troop leader is paying for all attached registrations via troop debit card, please enter the debit card information here:

Name on Card: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ CW#: \_\_\_\_\_ EXP: \_\_\_\_\_  
 Billing zip code on card: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Girl Scouts of Western NY Locations (1.888.837.6410 [gswny.org](http://gswny.org))**

Buffalo Office 3332 Walden Ave. #106 Depew, NY 14043	Batavia Office 5 Jackson Street Batavia, NY 14020	Lockport Office 5000 Cambria Road Lockport, NY 14094
Jamestown Office 2661 Horton Road Jamestown, NY 14701	Rochester Office 1000 Elmwood Ave. Rochester, NY 14620	Niagara Falls Office 1522 Main St #307 Niagara Falls, NY 14305

Questions?: 1.888.837.6410 or email [customercare@gswny.org](mailto:customercare@gswny.org)

**MEMBERSHIP (attached)**  
 # girls \_\_\_\_\_ # adults \_\_\_\_\_

**FINANCIAL ASSISTANCE**  
 How many GIRLS in this packet are requesting Financial Aid? \_\_\_\_\_

*Remember: Financial Assistance request forms must accompany all F/A requests.*

**DONATIONS** \$ \_\_\_\_\_

**PAYMENT INFORMATION**

Annual Membership: \$ \_\_\_\_\_  
 Lifetime Membership: \$ \_\_\_\_\_  
 Young Alumnae  
 Lifetime Membership: \$ \_\_\_\_\_  
 Extended Year Fee: \$ \_\_\_\_\_  
 Donation: \$ \_\_\_\_\_

**Total Attached \$:** \$ \_\_\_\_\_

**TOTAL CASH, CREDIT, CHECKS:** \$ \_\_\_\_\_  
**(All Memberships + Donations)**

**FOR COUNCIL OFFICE TO COMPLETE**

Cash: \$ \_\_\_\_\_  
 Credit/Debit Cards: \$ \_\_\_\_\_  
 Checks: \$ \_\_\_\_\_  
 Total Received \$ \_\_\_\_\_

# Pages Scanned: \_\_\_\_\_