



2020 Membership Registration Summary

Membership year through 9/30/2020

TROOP	SERVICE UNIT	COUNCIL CODE
		192

TROOP LEADER (01):
 Name: _____
 Phone #: _____ Email: _____

FORM COMPLETED BY: 01 Leader SU Registrar Volunteer Staff
 Name: _____

PROGRAM DURATION <input type="checkbox"/> 8-12 months <input type="checkbox"/> 1-4 weeks <input type="checkbox"/> 4-7 months <input type="checkbox"/> 6 days or less <input type="checkbox"/> 1-3 months	PROGRAM FREQUENCY <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> 1-3 times a year <input type="checkbox"/> Every other week
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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 <input type="checkbox"/> Public Facility <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Religious Building <input type="checkbox"/> Other Organization Facility <input type="checkbox"/> Other Council Facility <input type="checkbox"/> Other	GRADE LEVEL <input type="checkbox"/> Grades K-1 (Daisy) <input type="checkbox"/> Grades 2-3 (Brownie) <input type="checkbox"/> Grades 4-5 (Junior) <input type="checkbox"/> Grades 6-8 (Cadette) <input type="checkbox"/> Grades 9-10 (Senior) <input type="checkbox"/> Grades 11-12 (Ambassador) <input type="checkbox"/> Multi-Age Level Group
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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)

Buffalo Office, HQ 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

MEMBERSHIPS (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 \$ _____

LIFETIME MEMBERSHIPS

girls** _____ x \$195 ea. \$ _____
 # adults _____ x \$375 ea. \$ _____
 Total Lifetime \$ included: \$ _____

TOTAL CASH, CREDIT, CHECKS: \$ _____
 (Memberships + Donations + Lifetime)

For Council Office to Complete

Cash \$: _____
 Credit Cards \$: _____
 Checks \$: _____
 Total Received \$: _____

of Pages Scanned: _____