

through 9/30/

| | TI 6:16 (B) |
|---|---|
| Return your registration with the \$12 annual (or applicable lifetime) membership dues to your leader/adviser or mail to your Girl Scout | The Girl Scout Promise On my honor, I will try: |
| Check one: Reregistering GSUSA ID Number (if known) | To serve God and my country, To help people at all times, And to live by the Girl Scout Law. |
| Please indicate the primary areas in which you will be serving by listing up to four GSUSA Position Codes and associated troop number(s) | The Girl Scout Law |
| when applicable (see selections at the right). | I will do my best to be: |
| Position Code Troop Number Position Code Troop Number Position Code Troop Number Position Code Troop Number | honest and fair, friendly and helpful, considerate and caring, |
| Your name and address Title: Ms. Mrs. Miss Mr. Dr. | courageous and strong, and responsible for what I say and do, and to |
| Name: First Middle Last | respect myself and others, respect authority, |
| Address Apartment Number | use resources wisely, make the world a better place, and |
| City State Zip Code | be a sister to every Girl Scout. |
| () Felephone Number Cellphone or Pager Number | |
| () | GSUSA Position Codes |
| Fax Number E-mail Address | 01 Leader/Adviser |
| Employer Occupation | 02 Assistant Leader/Adviser03 Troop Committee Member |
| () Business Telephone Number | 09 USA Girl Scouts Overseas |
| Number of years in Girl Scouting as a: Girl | Committee Member 10 USA Girl Scouts Overseas |
| | Committee Chair |
| accept and agree to abide by the Girl Scout Promise and the Girl Scout Law. I understand that when participating in Girl Scout activities may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout councils or Girl Scouts of the USA. I acknowledge that the images will be the sole property of either the local Girl Scout council or Girl Scouts of the USA. | 11 Service Unit Team Member 12 Trainer 13 Special Service Adult 14 Member (No Assigned Position) 15 Council President (Chair) |
| Signature Date | 16 Council Board/Board Committee Member |
| | 17 Council Nominating |
| Nould you like to become a Lifetime Member? Lifetime Membership is a symbol of commitment to the beliefs and principles of the Girl Scout Movement. As a Lifetime Member you will receive a permanent membership card, recognition certificate, on going Girl Scout Activity nsurance, and a lifetime subscription to Girl Scout LEADER magazine. If you wish to register for Lifetime Membership, please complete the following information and return your completed lifetime registration and payment to the local Girl Scout council: | Committee Member 18 Association Chair/Council Delegate 19 Council Delegate |
| I wish to register as a Lifetime Member. I am 18 years of age or older or a high school graduate or equivalent and understand that life- | 20 CEO21 Council Executive Staff |
| time membership is a one-time payment of \$300. | 22 Council Support Staff |
| I am currently registered as a Senior Girl Scout and graduated high school/equivalent in this membership year in the month of | 50 National Volunteer51 National Board/Board Committee Member52 Former National Board |
| We encourage you voluntarily to provide the following information on racial background and ethnicity, gender, age and education levels. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout Movement. | Member 53 National Nominating Committee Member |
| My racial background is: (please check as many as apply) American Indian or Alaskan Native Asian | 54 National Staff Member |
| Black or African American Hawaiian or Pacific Islander White Other (specify) | 55 Former National Staff Member |
| My ethnic background is: (please check one) Hispanic or Latino Not Hispanic or Latino | |
| am an adult: Female Male My age range is: 18–29 30–49 50 and up | |
| The highest education level I completed is: (please check one) Some High School High School Some College | For Leaders/Advisers or |
| Associate's Degree Bachelor's Degree Postgraduate | Office Use Only |
| I would like to contribute: (please check one) | Leaders/Advisers, please check if applicable: |
| \$50 \$25 Other \$ | VS Category #1 |
| My check is attached. Credit card # Exp. date | VS Category #2 |
| | Council Code |
| Signature (Cardholder name) | Report Code (Service Unit) |
| I understand that my voluntary, tax-deductible gift will help to support girls locally and will remain in the local council. (<i>Please contact your employer to inquire about a matching aifte program.</i> Your contribution could be doubled on tripled.) | De sistentia e Anna |