



2019-2020 GIRL Membership Registration Form

Please print clearly
Girl Membership \$20 per Girl Scout year

Farthest North Girl Scout Council - Council Code 600

| | | | | | | |
|---|-------|-----------------|----------------------------------|-------------------|--|--|
| Troop #: <input type="checkbox"/> or Juliette | | | Service Unit/Community: | | | Membership Expiration 9/30/2020 |
| <input type="checkbox"/> New Member <input type="checkbox"/> Re-registering | | | Number of years as a Girl Scout: | | | |
| Girl Scout Program Level (check one): <input type="checkbox"/> Daisy (grades K-1) <input type="checkbox"/> Brownie (grades 2-3) <input type="checkbox"/> Junior (grades 4-5) <input type="checkbox"/> Cadette (grades 6-8) <input type="checkbox"/> Senior (grades 9-10) <input type="checkbox"/> Ambassador (grades 11-12) | | | | | | |
| First Name: | | Middle Initial: | | Last Name: | | |
| Mailing Address: | | | | | | |
| City: | | State: | | Zip: | | Phone: |
| <input type="checkbox"/> Check if this is a new address within the last year | | | | Previous Address: | | |
| Birthdate (MM/DD/YYYY): | | | Grade in Fall 2019: | | School: | |
| Girl's Email Address (if different from guardian): | | | | | | |
| Girl is in the custody of: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: | | | | | | |
| <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. | | | | | | |
| Parent/Guardian Name: | | | | Home Phone: | | |
| Address (if different from girl's): | | | | | | |
| Employer: | | | Position: | | Work Phone: | |
| Email Address: | | | | Cell Phone: | | |
| <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. | | | | | | |
| Parent/Guardian Name: | | | | Home Phone: | | |
| Address (if different from girl's): | | | | | | |
| Employer: | | | Position: | | Work Phone: | |
| Email Address: | | | | Cell Phone: | | |
| The following information is used for statistical purposes only. | | | | | | |
| Race/Ethnicity/Language: <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: | | | | | | |
| Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No First Language, if not English: | | | | | | |
| Annual House Income: <input type="checkbox"/> <\$35,000 <input type="checkbox"/> \$35,000-\$70,000 <input type="checkbox"/> \$70,000-100,000+ <input type="checkbox"/> My daughter qualifies for free/reduced price lunch | | | | | | |
| I would like to donate to the Farthest North Council: <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> \$150.00 <input type="checkbox"/> Other: \$ | | | | | | |
| <input type="checkbox"/> The Council may NOT use photographs, audios recordings, quotes, stories or video recordings of my daughter/girl to help promote Girl Scouting. | | | | | | |
| <input type="checkbox"/> I am requesting assistance with the \$20 annual membership fee. See Council office for financial aid form. | | | | | | |
| 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. We understand that when participating in Girl Scouts activities the registrant may be photographed for print, video or electronic imagine, unless otherwise indicated on this form. 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 GSUSA. We acknowledge that the images will be the sole property of either the local Girl Scout Council or GSUSA. | | | | | | |
| Signature: | | | | Date: | | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge <input type="checkbox"/> Financial Aid | | | | | | |
| Credit Card #: | | | Exp. Date: | | Signature: | |
| Office Use Only: | ID #: | | Receipt #: | | Initials: Entry Date: <input type="checkbox"/> NM Discount | |