



# GSUSA GIRL MEMBER REGISTRATION FORM

RETURN THIS FORM WITH THE \$10.00 ANNUAL MEMBERSHIP DUES TO YOUR TROOP/GROUP LEADER

PLEASE CHECK ONE <input type="checkbox"/> RE REGISTERING <input type="checkbox"/> NEW - FIRST TIME REGISTERING	YEAR	COUNCIL	REPORT CODE	REG AREA
	2005	136		

Member Id#	Trp/Grp	First Name	Last Name	Last Yr	PAL	This Yr
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

City  State  Zip Code:  County

- 1 - Daisy
- 2 - Brownie
- 3 - Junior
- 4 - Cadette
- 5 - Senior

Grade:  Birthdate:  Phone Number:  Years in Girl Scouting As Girl

School Name  E-mail   Parental Consent  No Mail Flag

**Custodial Information**  
 Mother  Father  Both  Other Guardian

Mother/Guardian Name  Address if different than girl

Father/Guardian Name  Address if different than girl

Emergency Contact Name:  Emergency Phone- Day:  Emergency Phone -Evening:

**The Girl Scout Promise**  
 On my honor, I will try:  
 To serve God and my country, to help people at all times, and to live by the Girl Scout Law.

**The Girl Scout Law**  
 I will do my best to be:  
 honest and fair  
 considerate and caring,  
 friendly and helpful,  
 courageous and strong, and responsible for what I say and do, and to,  
 respect myself and others,  
 respect authority,  
 use resources wisely,  
 make the world a better place, and  
 be a sister to every Girl Scout.

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 Scout Activities the registrant may be photographed for print, video, or electronic imaging. We understand that the images may be used in promotional materials, news releases, and other published formats for your local Girl Scout Council. We acknowledge that the images will be the sole property of your local Girl Scout Council.

Signature of Parent or Guardian \_\_\_\_\_ DATE \_\_\_\_\_

We encourage you voluntarily to provide the following information on racial/ethnic background. This information is used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's racial background is: (Please check as many as apply)  
 Black or African American  Hawaiian or Pacific Islander  White  American Indian or Alaskan Native  Asian  Other (specify) \_\_\_\_\_

The registrant's ethnic background is: (please check one)  Hispanic or Latino  Not Hispanic or Latino

I would like to contribute to the Annual Family Partnership Campaign (Please see reverse side)  
 My check is attached. Amount \$ \_\_\_\_\_

I understand that my voluntary, tax deductible gift will help to support girls locally and will remain in the local council. Please contact your employer to inquire about a matching gifts program. Thank you for supporting our mission in helping girls grow strong.

