



Membership Registration Summary

Membership year through 9/30/2024

GIRL SCOUT MISSION

Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

GRP/TRP	SU/TEAM AREA	AREA	COUNCIL CODE

Form completed by: (check one) Volunteer Staff

Name: First _____ Last _____

(_____) _____

Phone Number _____ E-Mail _____

Program Duration (Check one):

8-12 months 4-7 months 1-3 months 1-4 weeks 6 days or less

Program Frequency (Check one):

Daily Weekly Every other week Monthly 1-3 times annually

Check the level that best describes the majority of girl registrants in the group:

Grade K-1 (Daisy) Grades 6-8 (Cadette) Multi-Grade

Grades 2-3 (Brownie) Grades 9-10 (Senior)

Grades 4-5 (Junior) Grades 11-12 (Ambassador)

Annual / Extended Year Registrations:

of Girls Annual: _____ (x \$25 each)= _____ Total Amount of Fees: \$ _____

of Girls Extended: _____ (x \$35 each)= _____ Donations Received: \$ _____

of Adults: _____ (x \$25 each)= _____ Other: \$ _____

of Adults Extended: _____ (x \$35 each)= _____ **Total Amount Attached: \$ _____**

Membership fees in Girl Scouts of the USA (GSUSA) are not refundable or transferable.

Lifetime Registrations:

of Lifetime Membership*: _____ (x \$400 each)= _____ Total Amount of Fees: \$ _____

of Young Alumnae**: _____ (x \$200 each)= _____ Donations Received: \$ _____

Other: \$ _____

Total Amount Attached: \$ _____

* An adult 18 years or older who is not a former girl member or a former girl member who is 30 years or older.

** Must be a former girl member between 18 to 29 years old.

Count the number of times each payment is used, and total the amount of each payment type attached:

PAYMENT	COUNT	TOTAL AMOUNT	PAYMENT	COUNT	TOTAL AMOUNT
Cash:	# _____	\$ _____	Check(s):	# _____	\$ _____
Amex:	# _____	\$ _____	Discover:	# _____	\$ _____
Visa:	# _____	\$ _____	MasterCard:	# _____	\$ _____
Financial Aid	_____	\$ _____			
Other:	Specify _____	\$ _____			

COUNCIL USE ONLY

Summary/Receipt #:

Batch Date: _____ / _____ / _____

Batch #: _____

Program Name: _____

Start Date: _____

Location: _____

Account Code: _____

Release of Funds: _____

Please complete this form and attach completed member registration forms and payment for the total amount of fees. Please be sure to note additional payments or contributions in the space provided and return to your local council representative.

COMPLETED BY: _____

PROGRAM _____

GRADE LEVELS _____

REGISTRATION FEES _____

PAYMENT SUMMARY _____