

REGISTER ONLINE TODAY AT GIRLSGOUTS.ORG/GIRLJOIN

Check One: New Member Renewing Member Troop #: _____ Date: _____

GIRL INFORMATION

Girl First Name _____ Girl Last Name _____

Address _____ Apartment # _____
() _____

City _____ State / ZIP Code _____ Girl Home Phone _____
() _____

Girl Cell Phone (only if 13 and older) _____ Girl Email Address (only if 13 or older) _____ I wish to opt out*: Texts Emails

DEMOGRAPHICS

Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the US Census), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity, not a race, therefore is reported separately. This information is used for statistical purposes only.

Date of Birth (mm/dd/yy): ____/____/____ # of Years as a Girl Scout: _____ School Grade (this Fall): _____

Name of School: _____

Custodial Care: Both Parents Mother/Guardian Only Father/Guardian Only Other: _____

She is: (check all that apply): American Indian or Alaskan Native Asian Black or African American Hawaiian or Pacific Islander White Other (please specify): _____ I choose not to share at this time

She is Hispanic or Latina: Yes No I choose not to share at this time

CAREGIVER INFORMATION

Caregiver First Name _____ Caregiver Last Name _____ Date of Birth (mm/dd/yy) _____

Address is same as girl

Address _____ Apartment # _____
() _____

Home Phone _____ Cell Phone _____

Email Address Required _____ I wish to opt out*: Texts Emails

Caregiver First Name _____ Caregiver Last Name _____ Date of Birth (mm/dd/yy) _____

Address is same as girl

Address _____ Apartment # _____
() _____

Home Phone _____ Cell Phone _____

Email Address Required _____ I wish to opt out*: Texts Emails

PERMISSION

Media Permission
When participating in Girl Scout activities (myself or the person I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for either the local Girl Scout council or Girl Scouts of the USA. The images will be the sole property of the local Girl Scout council or Girl Scouts of the USA. I hereby release and hold harmless the local Girl Scout council and Girl Scouts of the USA from any claim arising from the use of these images.

I wish to opt out at this time

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, friendly and helpful, considerate and caring, 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.

**By not opting out, each signee (and on behalf of the Girl, as applicable) agrees to receive auto-dialed informational or marketing text messages at the cell number above, understanding such consent is not required to join.*

I/We acknowledge that the registrant will accept and abide by the Girl Scout Promise and Law. The registrant has permission to join Girl Scouts.

Signature of Caregiver _____ Date _____ Signature of Caregiver _____ Date _____

GIRL SCOUT MISSION

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

MEMBERSHIP OPTIONS

- Annual Membership**
Annual Fee: \$25
- New Members ONLY**
Extended Year: \$35
(Available for purchase between May 1 and September 30, 2024. Girl's membership will be valid until September 30, 2025.)
- Financial Aid**
(Financial aid is available to members that qualify. Upon receipt of this form, the council will send you a Financial Aid application to complete before we can approve.)
- Healthy Blue NE Members ONLY**
(Healthy Blue NE members can claim a \$30 Girl Scout membership reward to use towards membership. Go to www.healthybluene.com and login to your account for more info.)

YES! I would like to make a donation to the Family Partnership campaign to directly benefit girls in our community. Please send our Family Partnership Patch (for gifts of \$25+). Enclosed is my tax-deductible donation of:

- \$500 \$250 \$150
- \$100 \$50 \$25
- Other \$ _____

PAYMENT INFORMATION

Membership Fee: \$ _____

Donation: \$ _____

Total Attached: _____

Cash Check*
 Amex Discover
 Visa MasterCard
 Other: _____

Name on Credit Card _____

Credit Card # _____

Exp. Date _____ CCV Code _____

Signature _____

Return this registration form, along with GSUSA annual membership fee or applicable Lifetime fee to your local council. Fees are non-refundable or transferable to another person.

FOR OFFICE USE ONLY: