

Adult Membership

Join the global network of 2.5 million Girl Scouts
Membership Year through 9/30/____

REGISTER ONLINE TODAY AT GIRLSCOUTS.ORG/ADULTJOIN

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

CONTACT INFORMATION

Title or Salutation: Mrs. Ms. Miss Mr. Dr. Other (please specify): _____

Name: First _____ Middle _____ Last _____

Address _____ Apartment _____

City _____ State _____ ZIP Code _____

(____) _____ (____) _____

Home Phone _____ Business Phone _____

(____) _____

Cell Phone _____ Email Address _____

Employer _____ Title/Occupation _____

I wish to opt out*: Texts Emails *By not opting out, each signee (and on behalf of the Girl, as applicable), agrees to receive autodialed informational or marketing text messages at the cell number above, understanding such consent is not required to join.*

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.

Gender:
 Female
 Male

I am (check all that apply):
 American Indian or Alaskan Native
 Asian
 Black or African American
 Hawaiian or Pacific Islander

Years as Girl Scout:
as a girl: _____
as an adult: _____

Date of Birth (mm/dd/yy):
____/____/____

White
 Other (please specify): _____
 I choose not to share at this time

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

PARTICIPATION

I will be participating in Girl Scouts as (check all that apply):
 Volunteer – I am/will be volunteering for Girl Scouts
 Parent/Family – I am a parent/guardian/family member of a Girl Scout
 Girl Scout Alumnae – I was a Girl Scout, either as a girl, adult, or both
 Community Partner
 Staff – I am/will be employed by Girl Scouts
 Other (please specify): _____

As a volunteer, I would like to participate in the following role(s):
 Co-Leader for Group/Troop #
 Support Volunteer for Group/Troop #
 Service Team or Unit Volunteer
 Learning Facilitator
 Other (please specify): _____

Representing Group(s)/Troop(s)/Service Unit #s:
_____ # _____ # _____
_____ # _____ # _____
_____ # _____ # _____
SU _____ SU _____ SU _____

ACCEPTANCE

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

I accept and abide by the Girl Scout Promise and Law.

Signature _____ Date _____

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.

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

Lifetime Membership

One-time Fee: \$400

Youth Alumnae Lifetime Membership

One-time Fee: \$200
Former girl member who is 18-29 years old.

New Members ONLY

Extended Year: \$35
Available for purchase between May 1 and September 30, 2019. Adult membership will be valid until September 30, 2020.

WellCare Members ONLY

Free Annual Membership
This benefit is provided free to WellCare Nebraska members.

WellCare #: _____

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 or more). 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

**Make all checks payable to Girl Scouts Spirit of Nebraska*

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.