

REGISTER ONLINE TODAY AT [GIRLSCOUTS.ORG/GIRLJOIN](http://GIRLSCOUTS.ORG/GIRLJOIN)

Check One:  New Member  Renewing Member Troop #: \_\_\_\_\_ Date: \_\_\_\_\_

GIRL INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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 in Fall 2018: \_\_\_\_\_

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

PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address is same as girl

Address \_\_\_\_\_ Apartment \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Parent/Guardian First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

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 Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ 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, 2019. Girl's 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.**

**FOR OFFICE USE:**