



2011-2012 Girl Member Registration Form

WHITE COPY - RIVER VALLEYS OFFICE • YELLOW COPY - TROOP LEADER • PINK COPY - VOLUNTEER MANAGEMENT

PLEASE PRINT CLEARLY IN INK.

GIRL INFORMATION	Troop #: _____ or Individual <input type="checkbox"/>	Service Unit: _____	ID# _____	MEMBERSHIP EXPIRATION
	<input type="checkbox"/> New Member (first time registering) <input type="checkbox"/> Re-registering: This is my _____ year in Girl Scouts.			9 - 30 - 2012
	PROGRAM LEVEL (check one): <input type="checkbox"/> Girl Scout Daisy (K-1) <input type="checkbox"/> Girl Scout Brownie (Grade 2-3) <input type="checkbox"/> Girl Scout Junior (Grade 4-5)			
	<input type="checkbox"/> Girl Scout Cadette (Grade 6-8) <input type="checkbox"/> Girl Scout Senior (Grade 9-10) <input type="checkbox"/> Girl Scout Ambassador (Grade 11-12)			
	First Name: _____	Middle Name: _____	Last Name: _____	
	Mailing Address: _____		Apt. #: _____	PO Box: _____
	City: _____	State: _____	Zip: _____	Phone: () _____
	<input type="checkbox"/> Check if this is a new address within the last year.		Previous Address: _____	
Birthdate: MM / DD / YYYY	Grade Fall 2011: _____	School: _____		
Girl's E-mail* (If different from parent/guardian): _____			<small>* By providing your e-mail address/cell number on this form, you are giving permission for Girl Scouts to send you notifications. Message and data rates may apply.</small>	

PARENT/GUARDIAN INFORMATION	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		
	Parent/Guardian Name: _____	Home Phone: () _____	
	Address (if different from girl's): _____		
	Employer: _____	Position: _____	Work Phone: () _____
	E-mail:* _____	Cell Phone:* () _____	
	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr.		
	Parent/Guardian Name: _____	Home Phone: () _____	
	Address (if different from girl's): _____		
	Employer: _____	Position: _____	Work Phone: () _____
	E-mail:* _____	Cell Phone:* () _____	

MEMBERSHIP DATA	By completing the following optional questions, you can help ensure community support and funding for Girl Scouts. Girl Scouts respects and welcomes people from all backgrounds and abilities. This information is used for statistical purposes only. Thank you for providing the information requested.		
	Race/Ethnicity/Language (Complete A, B & C)	A. Mark one or more: <input type="checkbox"/> African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black or African American	B. Are you Hispanic/Latino? <input type="checkbox"/> yes <input type="checkbox"/> no
	C. First language, if not English: _____		
	I have the following disability/disabilities: <input type="checkbox"/> Developmental <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Other: _____ <small>(Check all that apply) If you need special accommodations please contact River Valleys at 800-845-0787.</small>		
Annual Household Income: <input type="checkbox"/> My daughter/girl qualifies for free or reduced-price lunch. <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000 to \$34,999 <input type="checkbox"/> \$35,000 to \$49,999 # of people in household _____ <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 to \$99,999 <input type="checkbox"/> \$100,000 or more			

PERMISSION	<input type="checkbox"/> The council may NOT use photographs, audio recordings, quotes, stories or videotape of my daughter/girl to help promote Girl Scouting.	
	<input type="checkbox"/> I am requesting assistance with the \$12 annual membership dues. I can pay \$_____ toward the \$12 dues.	
	I am willing to have my daughter/girl join Girl Scouts. I understand Girl Scouts of the USA (GSUSA) membership is \$12 per year. I have read the information above and have answered each question to the best of my ability. It is my responsibility to know where my daughter/girl activities/meetings are held. I am responsible for seeing that my daughter/girl gets to and from activities/meetings in a safe and timely manner. Checks accepted only upon condition customer agrees if any check is returned unpaid, a \$30 service fee will be added to all dishonored checks. A debit for the amount of the check and the \$30 service fee may be processed electronically without further notice to customer. Additional civil penalties may be imposed on checks returned for non payment after 30 days. Collection Resources 800-950-7188.	
Signature: _____		Date: _____

Data Privacy Policy: Girl Scouts is committed to respecting the privacy of our members. We do not sell or trade membership lists, contact information, or any other personal data about individual members for any reason.

\$_____ Cash _____ CK#: _____ Other: _____ Grant: _____ Camp Event Series Travel Troop Virtual

Office Use Only: Date Received: _____	Initials: _____	iMIS: _____
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SPECIAL NOTE: THIS FORM CONTAINS TREATED CARBONLESS PAPER, DETACH THE WHITE COPY OF FORM BEFORE WRITING IN THE SECTION BELOW

Interest Indicator

PLEASE PRINT CLEARLY IN INK.

INTEREST INDICATOR	How would you like to participate in Girl Scouts? <input type="checkbox"/> In a troop <input type="checkbox"/> as an independent Juliette Girl Scout (if checked, skip to next section)	Check the best times when you and/or your girl can participate: Note: This information assists troop/group placement and does NOT guarantee a specific meeting time.						
	Where is the most convenient meeting location for you? <input type="checkbox"/> Near Home <input type="checkbox"/> Near School <input type="checkbox"/> No Preference	MON	TUE	WED	THU	FRI	SAT	SUN
	Additional comments or questions:	Morning						
		Afternoon						
After School								
Evening								
YOUR HELP IS NEEDED: Girl Scouting in your community is possible because of the help of adult volunteers. Please check the ways you might be able to help. Training is provided for all volunteers.								
<input type="checkbox"/> Troop or Co-Leader <input type="checkbox"/> Assistant Leader <input type="checkbox"/> Cookie Manager <input type="checkbox"/> Camping/Outdoor Specialist <input type="checkbox"/> Driver/Trip Chaperone <input type="checkbox"/> Work with Adults Only <input type="checkbox"/> Leader's Meeting Representative <input type="checkbox"/> Trainer <input type="checkbox"/> Special Events/Trip Planner <input type="checkbox"/> Other (specify):								

FOR VOLUNTEER/STAFF	For Volunteer/Staff Use Only (for troop placement):	
	<input type="checkbox"/> Placed in new troop #:	<input type="checkbox"/> Placed in existing troop #:
	<input type="checkbox"/> Wants troop, but unable to place. Needs follow up.	
	<input type="checkbox"/> Referred to (check all that apply): <input type="checkbox"/> Juliettes <input type="checkbox"/> Camp	
	Notes:	
Completed by:	Position:	Date: