

GIRL SCOUTS OF EASTERN MISSOURI, INC.

2300 Ball Dr., St. Louis, MO 63146 • 655 Clinic Road Ste. 101, Hannibal, MO 63401 • 1.800.727.GIRL (4475)



Return your registration form with the \$12 annual membership dues to your Leader/Adviser. Membership dues are not refundable or transferrable to another person.

| | | | | | |
|--------------|--------------------|----------|--------------|-----------------------|-----------------|
| Council Code | Troop/Group Number | District | Neighborhood | Council ID Number | Expiration Year |
| 548 | | | | (For office use only) | 9/30/ |

PLEASE PRINT THE FOLLOWING GIRL INFORMATION:

Full legal name: First _____ Middle _____ Last _____

Address _____ School _____ Grade _____

City _____ State _____ ZIP Code _____ E-mail _____
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Telephone Number _____ Birthdate (mm/dd/yyyy) _____ Number of previous years in Girl Scouts _____

Emergency Contact's Name: First _____ Middle _____ Last _____
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Daytime Telephone Number _____ Evening Telephone Number _____

Custody (please check one) Both parents Mother/guardian only Father/guardian only Other (specify) _____

Give Girl Scouting to a girl who might not otherwise be able to participate. Add a tax-deductible donation of any amount to your registration dues.

I would like to donate: (Please check one.) \$5 \$10 \$25 \$50 Other: \$ _____

My check is attached. **Our Family has ___ Girl Scouts.**

(Please contact your employer to inquire about a matching gifts program. Your contribution could be doubled or tripled.)



We encourage you to provide voluntarily the following information on racial background and ethnicity. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout Movement.

The registrant's racial background is: (please check as many as apply) American Indian or Alaskan Native Asian Black or African American Hawaiian or Pacific Islander White Other (specify _____)

The registrant's ethnic background is: (please check one) Hispanic or Latino Not Hispanic or Latino

Mother/Guardian's Name: First _____ Middle _____ Last _____

Address (if different than girl) _____

Employer _____ Occupation _____
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Daytime Telephone Number _____ Evening Telephone Number _____ E-mail _____

Father/Guardian's Name: First _____ Middle _____ Last _____

Address (if different than girl) _____

Employer _____ Occupation _____
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Daytime Telephone Number _____ Evening Telephone Number _____ E-mail _____

We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has our permission to join Girl Scouts.

Signature of Parent/Guardian _____ **Date** _____ **Signature of Parent/Guardian** _____ **Date** _____

I request financial assistance for the registration fee. Personal statement of need:

Girl Scouts of the USA is dedicated to providing equal access to membership for all girls and adults.

GIRL MEMBER REGISTRATION FORM

All annual membership dues are forwarded to GSUSA.

For Leaders/Advisers or Office Use Only

Leaders/Advisers, please check if applicable:

- VS Category #1
- VS Category #2