

# MEMBERSHIP REGISTRATION SUMMARY


2010-2011 Curr. Yr  
 2011-2012 EARLY BIRD

**A** Council Region:  Southeast  North  Southwest Svc. Unit #  Troop/Grp #:   New  Re-registration  Addition  
 Girl Scout Level:  Daisy  Brownie  Junior  Cadette  Senior  Ambassador  Juliette  Series Pathway  Event Pathway

B	GIRLS' FULL NAMES	MEM Fee	FPC Donation	Cr Card V/MC/D	Cr Card AMEX	GSGLA Gift Card	Financial Aid (FA)	Racial Code
1		0						
2		0						
3		0						
4		0						
5		0						
6		0						
7		0						
8		0						
9		0						
10		0						
11		0						
12		0						
13		0						
14		0						
15		0						
16		0						
17		0						
18		0						

**RACIAL CODES**

A = Asian AA = African American  
 AM = Am. Indian AN = Alaskan Native  
 C = Caucasian H = Hawaiian or Pacific Islander  
 O = Other Add a slash then "H" (/H) if Hispanic



**D MEETING PLACE**

1  Public Facility 5  Other organization's facility  
 2  Home 6  Council Facility  
 3  School 7  Other  
 4  Religious Building

Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 Frequency of meeting: \_\_\_\_\_  
 Name of meeting place: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

For additional names, please complete and attach additional form(s)

	ADULTS' FULL NAMES	MEM Fee	FPC Donation	Cr Card V/MC/D	Cr Card AMEX	GSGLA Gift Card	Financial Aid (FA)	Racial Code
1		0						
2		0						
3		0						
4		0						
5		0						
6		0						
7		0						

**E TROOP LEADER INFORMATION**  
 (primary contact)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

I understand that \$25 return fee will be charged by the council to the troop for any checks that are returned by the bank.

Troop Leader Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Service Unit Registrar Signature \_\_\_\_\_ Date \_\_\_\_\_

**C TOTALS:**

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Troop Debit Card or Troop Check					\$0.00

Payment to be made by:  Troop Debit Card (complete below)  Troop Check  Troop Gift Card

Troop Debit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 (Complete only if paying by Troop Debit Card) (Month/Year)

Name on debit card (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**GSGLA GIFT CARD** \_\_\_\_\_ (19 DIGITS) Amt to deduct GIFT CARD: \$ \_\_\_\_\_

For Instructions: click on "Instructions" tab below. Submit to your Service Unit Registrar

Date Processed:		For Office Use Only				
Cash Total #	_____	# Girls	_____	# Adults	_____	
FA Total #	_____	# Girls	_____	# Adults	_____	
GC Total #	_____	# Girls	_____	# Adults	_____	
Mem Fee	FPC	CC V/MC/D	CC AMX	Gift Card	Fin. Aid	ACH Total