

Farthest North Girl Scout Council - Council Code 600

Membership Fee - \$25 per Girl Scout Year

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|---|-------------------------------|--|---|--------------|---------------------------------------|
| Troop #: | | Or <input type="checkbox"/> Individual | Service Unit/Community: | | Membership Expiration 9/30/2023 |
| <input type="checkbox"/> New Member | | <input type="checkbox"/> Re-registering Member | <input type="checkbox"/> Lifetime Member (Info update, no fee required) | | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | Number of years in Girl Scouts as a girl: | | as an adult: | |
| <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. | | Last name while girl member: | | | |
| First Name: | | Middle Initial: | Last Name: | | |
| Mailing Address: | | | | | |
| City: | | State: | Zip: | Home Phone: | |
| <input type="checkbox"/> Check if this is a new address within the last year | | Previous Address: | | | |
| <input type="checkbox"/> Check if your name has changed within the last year | | Previous Name: | | | |
| Date of Birth (MM/DD/YYYY): | | | | | |
| Employer: | | Position: | Work Phone: | | |
| Email Address: _____ Cell Phone: _____ | | | | | |
| <input type="checkbox"/> Text <input type="checkbox"/> Email I wish to opt in. By signing below and checking these boxes, I agree to receive auto-dialed information or marketing text messages at the cell number above, understanding such consent is not required to join. | | | | | |
| <input type="checkbox"/> Do you have a spouse or life partner? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name: | | |

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|---|--|---|---|
| Troop #: | Position within the Troop: (check only one) | <input type="checkbox"/> Troop Leader | <input type="checkbox"/> Troop Helper |
| | | <input type="checkbox"/> Asst. Leader/Co-Leader | <input type="checkbox"/> Troop Cookie Manager |
| Troop #: | Position within the Troop: (check only one) | <input type="checkbox"/> Troop Leader | <input type="checkbox"/> Troop Helper |
| | | <input type="checkbox"/> Asst. Leader/Co-Leader | <input type="checkbox"/> Troop Cookie Manager |
| Other Positions (check all that apply) | <input type="checkbox"/> Volunteer | | |
| | <input type="checkbox"/> Council Staff | | |
| | <input type="checkbox"/> Board Member | | |
| | <input type="checkbox"/> Service Unit Manager | | |
| | <input type="checkbox"/> Trainer | | |
| | <input type="checkbox"/> Camp Staff | | |
| | <input type="checkbox"/> Other: | | |

The following information is used for statistical purposes only.

Race/Ethnicity/Language ☐ Alaska Native ☐ American Indian ☐ Asian ☐ African American
☐ Hawaiian/Pacific Islander ☐ Caucasian ☐ Other:

Are you Hispanic/Latino? ☐ Yes ☐ No First Language, if not English:

Annual House Income: ☐ <\$35,000 ☐ \$35,000-\$70,000 ☐ \$70,000-100,000+ ☐ My daughter qualifies for free/reduced price lunch

I would like to donate: ☐ \$25.00 ☐ \$50.00 ☐ \$100.00 ☐ \$150.00 ☐ Other: \$

☐ Girl Scout Lifetime Membership \$200 (Must have been a Girl Scout and under 30 years of age)

☐ I would like to register as a Lifetime Member \$400

☐ The Council may NOT use photographs, audio recordings, quotes, stories or video recordings to help promote Girl Scouting.

I acknowledge that I will accept and abide by the Girl Scout Promise and the Girl Scout Law. I understand that when participating in Girl Scouts activities the I may be photographed for print, video or electronic image. I understand that the images may be used in promotional materials, news releases and other published formats for either the local Girl Scout Council or GSUSA. I acknowledge that the images will be the sole property of either the local Girl Scout Council or GSUSA. I hereby release and hold harmless the local Girl Scout Council and GSUSA from any claim arising from the use of these images.

Signature: _____ Date: _____

Payment Type: ☐ Cash ☐ Check ☐ Charge ☐ Financial Aid

Credit Card #: _____ Exp. Date: _____ Signature: _____

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|------------------|-------|------------|-----------|-------------|
| Office Use Only: | ID #: | Receipt #: | Initials: | Entry Date: |
|------------------|-------|------------|-----------|-------------|