girl scouts farthest north council

2022-2023 GIRL Membership Registration Form

Please print clearly

Forthood North Cities and the state of the s	
	25 per Girl Scout Year
Troop#: Or □Juliette Service Unit/Community: □ New Member □ Re-registering Member □ Transfer (former Council):	Membership Expiration
Cirl Court Pour Land Land Land Land Land Land Land Land	9/30/2023
Fig. 1. All and the second sec	
Middle Initial: Last Name: Mailing Address:	
City: State: Zip: Phone:	
Pid I -	
Girl's Email Address (if different from guardian):	
Girl is in the custody of: Both parents Mother Father Other:	
□ Ms. □ Mrs. □ Miss □ Mr.	
Parent/Guardian Name: Home Phone:	
Address (if different from girl's):	
Employer: Position: Work Phone:	
Email Address: Cell Phone:	
☐ Ms. ☐ Mrs. ☐ Miss ☐ Mr.	
Parent/Guardian Name: Home Phone:	
Address (if different from girl's):	
Employer: Position: Work Phone:	
Email Address: Cell Phone:	
The following information is used for statistical purposes only.	
Race/Ethnicity/Language: Alaska Native American Indian Asian African American Indian Caucasian Other:	rican
☐ Hawaiian/ Pacific Islander ☐ Caucasian ☐ Other: Are you Hispanic/Latino? ☐ Yes ☐ No First Language, if not English:	
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Lyoudd Blocks downton II 605 00	duced price lunch
☐ The Council may NOT use photographs, audios recordings, quotes, stories or video recordings of my daughter/girl to he	_
☐ Text ☐ Email I wish to opt in. By signing below and checking these boxes, I agree to receive auto-dialed informat messages at the cell number above, understanding such consent is not required to join.	tion or marketing text
We acknowledge that the registrant will accept and abide by the Girl Scout Promise and the Girl Scout Law. The registrant has our production of the control	agine, unless otherwise
harmless the local Girl Scout Council and GSUSA from any claim arising from the usage of these images.	JSA. I hereby release and hold
Signature: Date:	
Payment Type: ☐ Cash ☐ Check ☐ Charge ☐ Financial Aid	
Credit Card #: Exp. Date: Signature:	
Office Use Only: ID #: Receipt #: Initials: Entry Date: CINM Discount	