

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
<b>548</b>				(For office use only)	<b>9/30/</b>

PLEASE PRINT THE FOLLOWING GIRL INFORMATION:

**Full legal name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ E-mail \_\_\_\_\_  
( )

Telephone Number \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Number of previous years in Girl Scouts \_\_\_\_\_

**Emergency Contact's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
( ) ( )

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 \_\_\_\_\_  
( ) ( )

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**Father/Guardian's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address (if different than girl) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
( ) ( )

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