

For Admin Use Only Troop Number _____ Service Unit _____

GIRL INFORMATION

Girl First Name * Middle Last *

Address * Apartment

City * State * Zip Code *

() Home Phone () Cell Phone (if 13 and older) E-Mail Address (if 13 or older)

DEMOGRAPHICS

Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the US Census), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity, not a race, therefore is reported separately. This information is used for statistical purposes only.

Date of Birth*: (mm/dd/yyyy) / / School Grade in Fall 2016:* # of Years as a Girl Scout: _____

Custodial Care*: (mark one) Both Parents Mother/Guardian Only Father/Guardian Only Other _____

Name of School: _____

Race: (mark all that apply) American Indian or Alaskan Native White Hispanic or Latina:
 Asian Other (please specify) _____ Yes
 Black or African American I choose not to share at this time No
 Hawaiian or Pacific Islander I choose not to share at this time

PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name * Middle Last *

Address – check here if address is same as girl: Apartment

City State Zip Code

() Home Phone () Cell Phone E-Mail Address *

Job Title Employer

PERMISSIONS / PAYMENT INFORMATION

The Girl Scout Promise

On my honor, I will try:
 To serve God and my country,
 To help people at all times,
 And to live by the Girl Scout Law.

When making the GS Promise, individual members may substitute wording appropriate to their own spiritual beliefs for the word "God."

The Girl Scout Law

I will do my best to be honest and fair, friendly and helpful, considerate and caring, courageous and strong, and responsible for what I say and do, and to respect myself and others, respect authority, use resources wisely, make the world a better place, and be a sister to every Girl Scout.



Parent/Guardian Signature Required

- I acknowledge that the registrant will accept and abide by the Girl Scout Promise and Law (at left) and has permission to join the Girl Scouts.
- When participating in Girl Scout activities I give consent for the registrant to be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the Girl Scouts of Greater New York or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA.
- I wish to opt out of media opportunities at this time.

Signature of Parent/Guardian Date

Family Partnership **Share Girl Scouting with more girls**

Your family's donation to the Girl Scouts of Greater New York's Family Partnership program helps us serve girls in NYC, and supports the high quality programs your Girl Scout enjoys.

Your gift can make a real difference in a girl's life. Donate today!
 Donations of \$25 or more, per member, receive a limited edition patch.

Membership Fee: \$15 + Family Partnership Donation: \$500 \$50 \$250 \$25 \$100 Other: _____ = Total Attached: \$ _____

Payment Method: Cash Amex Check Discover payable to Girl Scouts Mastercard Visa

Name on Credit Card _____

Address of Credit Card Holder _____

City of Credit Card Holder _____ State _____ Zip Code _____

Credit Card Number _____ Exp. Date _____ CCV# _____

Signature of Credit Card Holder _____ Today's Date _____

Fees are non-refundable or transferable to another person. Membership fees and donations paid by credit card will be charged separately.