girl scouts

GIRL SCOUTS OF EASTERN MISSOURI, INC.
2300 Ball Dr., St. Louis, MO 63146 • 800.727.GIRL (4475)

GIRL MEMBER REGISTRATION FORM

REGISTRATION INSTRUCTIONS
1. Register online at girlscoutsem.org
or
2. Mail this completed form with your $15 annual membership dues check to GSEM, P.O. Box 795226, St. Louis, MO 63179-0795
3. Mail forms with financial assistance requests or healthcare vouchers to 2300 Ball Drive, St. Louis, MO 63146
4. Membership dues are non-refundable or transferable to another person

Council Code	Troop/Group Number	District	Neighborhood	Expiration Year
548				**9/30/14**

PLEASE PRINT THE FOLLOWING **GIRL** INFORMATION:

Full legal name: First Middle Last

Address School Grade

City State ZIP Code

Email (if girl is at least age 13; otherwise, use family email) **I wish to receive Girl Scout emails:** ☐

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) __ $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.)

Family Partnership
GIRL SCOUTS OF EASTERN MISSOURI

Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following optional question, you can help ensure community support and funding for Girl Scouts in your community. This information is used for statistical purposes only. Thank you for providing the information requested.

The registrant's racial background is: (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

Parent/Guardian's name: First Middle Last

Address *(if different than girl)*

Employer Occupation

Daytime phone number Evening phone number Cell phone number

Email **I wish to receive Girl Scout emails:** ☐

Parent/Guardian's name: First Middle Last

Address *(if different than girl)*

Employer Occupation

Daytime phone number Evening phone number Cell phone number

Email **I wish to receive Girl Scout emails:** ☐

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.

_____I have attached the required financial assistance request for membership dues.

Girl Scouts of the USA is dedicated to providing equal access to membership for all girls and adults.

All annual membership dues are forwarded to Girl Scouts of the USA.

KD/sk 7/13