



MEMBERSHIP DUES SUMMARY through 9/30/

Please complete this form and attach payment for the total amount of dues and completed member registration forms.

Flex code _____
Receipt # _____

Complete (if known)

Expiration 9/30/

Council Code	Troop Number	Report Code	Registration Area
..... <input type="radio"/> New <input type="radio"/> Reregistering

Tips for Leaders and Advisors

Know Safety-Wise and consult the activity checkpoints and safety guidelines for activities you plan to do.

Encourage the girls to partner with you—girls should be growing in decision-making and planning skills. The more invested they become in their activities, the happier they—and you—will be.

Ask for help and advice from other leaders, parents, and council staff and take advantage of council training opportunities.

Keep in mind that the Girl Scout Promise and Law and four Girl Scout Program Goals are the foundation of all Girl Scout activities.

Have fun—and do your best to ensure that the girls are having fun too!

Check the one term that best describes the primary way in which these girls participate:

- Troop Interest Group Program Center/Facility In School
 Event Camp Individual Other

Program duration: (check one)

- 8–12 months 4–7 months 1–3 months 1–4 weeks 6 days or less

Program frequency: (check one)

- Daily Weekly Every Other Week Monthly 1–3 times Annually

Please check one grade level that represents the majority of the girls that are registering now.

- K–1 (GS Daisy) 2–3 (GS Brownie) 4–5 (GS Junior) 6–8 (GS Cadette)
 9–10 (GS Senior) 11–12 (GS Ambassador)

Type of meeting place: (check one)

1. Public Facility 2. Home 3. School 4. Religious Building
 5. Other Organization Facility 6. Council Facility 7. Other

Meeting day and location

Day Time

Name of Meeting Place

Address

Annual Membership Dues \$12 and Annual Fund Contributions

# Of Girls: NEW	RE-REG	# Of Adults: NEW	RE-REG
# Of Registrations Attached:	Total Amount of Dues Attached: \$..... (Not including donations)		
# Of Annual Fund Gifts:	Total Amount of Annual Fund Donations: \$..... (Not including dues)		
Total Amount (dues and donations) Attached: \$			

Area Registrar only

Of Checks _____ \$ _____
Of CC _____ \$ _____
Cash _____ \$ _____
FA _____ \$ _____
Grand Total _____ \$ _____

Position: (check one)

- Volunteer Leader/Adviser Council Staff

Name

Address

ID Number Telephone Number ()

Office use only