



GIRL SCOUTS OF THE SIERRA NEVADA

605 Washington Street
Reno, Nevada 89503
(775) 322-0642 or (800) 222-5406

ADULT
REGISTRATION
FORM

COUNCIL CODE 661	SERVICE UNIT #	TROOP/GROUP #	GSUSA ID #	<input type="checkbox"/> NEW <input type="checkbox"/> RE-REGISTERING	EXPIRATION DATE 9/30/
NAME (FIRST) (INITIAL) (LAST)				YEARS AS A GIRL SCOUT GIRL _____ ADULT _____	
MAILING ADDRESS		APT. NO.	PHYSICAL ADDRESS	APT. NO.	EMAIL ADDRESS
CITY		STATE	ZIP CODE	HOME TELEPHONE NUMBER ()	
EMPLOYER		OCCUPATION		BUSINESS TELEPHONE NUMBER ()	

ADULT POSITION CODES: Please check all that apply

01 - TROOP LEADER	13 - SPECIAL SERVICE/ADULT	CD - DELEGATE
02 - ASSISTANT TROOP LEADER	14 - MEMBER - NO DEFINED POSITION	M1 - SERVICE UNIT MANAGER
03 - TROOP COMMITTEE MEMBER	16 - COUNCIL BOARD/BOARD COMMITTEE MEMBER	S1 - SERVICE UNIT SALES MANAGER
11 - SERVICE UNIT TEAM MEMBER	22 - COUNCIL STAFF	S2 - TROOP SALES MANAGER
12 - TRAINER	33 - CAMPUS GIRL SCOUT	OTHER: _____
PRIMARY TROOP NUMBER: _____ POS. CODE: _____ SECONDARY TROOP NUMBER: _____ POS. CODE: _____		

HELP MAKE YOUR GIRL SCOUT'S EXPERIENCE A GREAT ONE. Please tell us how you can participate.

<input type="checkbox"/> BE A TROOP LEADER/ASSISTANT	<input type="checkbox"/> HELP WITH CAMP	<input type="checkbox"/> TROOP PRODUCT SALE MGR.	<input type="checkbox"/> DRIVE FOR OUTINGS
<input type="checkbox"/> TEACH A SKILL/CRAFT	<input type="checkbox"/> HANDLE PAPERWORK	<input type="checkbox"/> EMERGENCY CONTACT PERSON	
<input type="checkbox"/> HELP AT TROOP MEETINGS	<input type="checkbox"/> I AM BILINGUAL	<input type="checkbox"/> SPECIAL INTERESTS (PLEASE SPECIFY): _____	

FAMILY PARTNERSHIP

* The ability of the Girl Scouts of the Sierra Nevada Council to deliver our programs depends upon the financial support we receive from parents, volunteers, community members, businesses, and foundations. Your gift will enable us to provide financial assistance for girls, offer special local events, and improve the future of the Girl Scout program. THANK YOU FOR YOUR SUPPORT!

MY COMPANY WILL MATCH MY GIFT. (Please include company form.)

Company Name: _____

I WISH TO SUPPORT THE GIRL SCOUT PROGRAM BY DONATING:

\$100 \$50 \$25 \$10 OTHER \$ _____

I WOULD LIKE TO PLEDGE \$ _____. Please send me reminders as follows:

(Minimum Pledge \$50) JAN. \$ _____ FEB. \$ _____ MAR. \$ _____

MAY \$ _____ JUNE \$ _____ JULY \$ _____ AUG. \$ _____ SEPT. \$ _____

OCT. \$ _____ NOV. \$ _____ DEC. \$ _____

REGISTRATION INFORMATION (OPTIONAL)

We encourage you to voluntarily provide the following information. This information will be used by Girl Scouts of the USA to help improve outreach efforts and advance the Girl Scout Movement.

My Race/ethnicity is: (Mark all that apply.)

<input type="checkbox"/> NATIVE AMERICAN/ALASKAN NATIVE	<input type="checkbox"/> ASIAN
<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> WHITE
<input type="checkbox"/> HAWAIIAN OR PACIFIC ISLANDER	<input type="checkbox"/> OTHER _____

ARE YOU ALSO SPANISH/HISPANIC?

I am an adult: FEMALE MALE

My age range is: 18 - 29 30 - 49 50+

Education level: SOME HIGH SCHOOL HIGH SCHOOL

SOME COLLEGE COLLEGE DEGREE POSTGRADUATE

PAYMENT SUMMARY (Please Complete)

GSUSA MEMBERSHIP DUES	\$ <u>12.00</u>
*FAMILY PARTNERSHIP	_____
LIFETIME MEMBERSHIP (\$250)	_____
LIFETIME MEMBERSHIP FOR GRADUATING SENIOR GIRL SCOUT (\$130)	_____
TOTAL PAID	\$ _____

(Make checks payable to Girl Scouts of the Sierra Nevada) CHECK CASH CREDIT CARD

VISA MASTERCARD Credit Card _____ Exp. Date _____

Name as it appears on card _____ Signature _____

No person is ever denied membership in Girl Scouting for financial reasons. Please contact your troop leader or Girl Scout office for scholarship information.

YOUR CONSENT - I agree to become a Girl Scout member, and I give the Girl Scouts of the Sierra Nevada permission to use images of myself for Girl Scout promotion/publicity:

SIGNATURE: _____ DATE: _____