Girl Scouts

MEMBERSHIP DUES SUMMARY through 9/30/_____

Please complete this form and attach payment for the total amount of dues and completed member registration forms. Please be sure to note any additional payments or contributions in the space provided and return to your local council representative.

This form should be completed by the Troop/Group Leader/Day Camp Director

Council Code	Troop Number	Please ensure Troop Numbers, SU Numbers and Reg Areas are the updated numbers assigned by GSNCCP			Service Unit #	Registration Area #
367	_____	○New Troop	○Re-reg. Troop	○Additions	__ __ __	__ __ __

Check the one term that best describes the primary way in which these girls participate:
○Troop ○Interest Group ○Program Center/Facility ○Camp

Program Duration: *(check one)*
○ School Year ○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 the appropriate program that you are providing for this troop.
○ K-grade 1 ○ grade 2-3 ○ grade 4-5 ○ grade 6-8 ○ grade 9-10 ○ grade 11-12

Type of meeting place: *(check one)*
○ 1. Public Facility ○ 2. Home ○ 3. School ○ 4. Religious Building
○ 5. Other Facility ○ 6. Council Facility

Meeting Day and Location

....
Day **Time**

.....
Name of Meeting Place

.....
Address **Zip Code**

Number of girl registrations attached _____ **Total registration$ attached$** _____ (Troop cks only)
Number of adult registrations attached _____ **$ Financial Aid requested +$** _____
Total # registrations _____ **Total # @ $10/ member =$** _____
Family Partnership Donations Attached $ _____ (check/ mo only)
Family Partnership Donations $ _____ (Visa/MasterCard)
Total $ attached _____

Race-Ethnicity Enter # now registering in each category	American Indian or Alaskan Native	Asian	Black or African American	Hawaiian or Pacific Islander	White	Other	Total	Also Hispanic or Latino
Girl								
Adult								

Completed by: ○ Troop Leader ○ Other _____
○ Day Camp Director

.....
Name ID Number

.....
Address

(.....) .....
Telephone #

Office Use Only

Service Unit
Date Received
_____

Reg ✓'d & recorded_____ (Initial)

Date sent to Mem. Staff_____

Membership Staff
Date Received
_____

Reg ✓'d & recorded_____ (Initial)

Date sent to Council Registrar
_____

Council Registrar
Date received
_____

Batch # _____

Receipt #_____

Check $_____

$_____

Reg Entered by
_____ (Initial)

Date Entered
_____

Transmittal #
_____

Problems
Describe_____
_____
_____
_____
_____
_____
_____

Returned to staff?
○Yes ○No

Date staff notified
_____

Date Corrections Received
_____