

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

**Complete** (if known)

Expiration 9/30/ .....

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

**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-grade 1 (Daisy)   
  grade 2-3 (Brownie)   
  grade 4-5 (Junior)   
  grade 6-8 (Cadette)  
 grade 9-10 (Senior)   
  grade 11-12 (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 .....

Number of girl registrations attached ..... Total registrations at \$12 .....

Number of adult registrations attached ..... Total amount of dues attached \$ .....

Contributions received \$ .....

Other \$ .....

Total \$ .....

**Position:** (check one)

- Volunteer Leader/Adviser   
  Council Staff

Name .....

Address .....

ID Number ..... Telephone Number ( ) .....