



GIRL SCOUTS OF CENTRAL & SOUTHERN NEW JERSEY
VOTING MEMBER – COUNTY DELEGATE INTEREST FORM

NAME: _____ **DATE OF BIRTH:** _____

HOME ADDRESS: _____ **CITY:** _____ **ZIP:** _____

WORK INFORMATION:
Company/Organization: _____ **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____

CONTACT PHONE #: _____ **EMAIL ADDRESS:** _____

GIRL SCOUT MEMBERSHIP STATUS:

- Lifetime Member Annual Member – Last Registration Date _____
- Non-Member**

**Adults who are not current members of the Girl Scouts must register as members before they can be considered by the Board Development Committee.

I am interested in representing the following County(ies):**

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Gloucester |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Middlesex |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Mercer |
| <input type="checkbox"/> Cape May | <input type="checkbox"/> Salem |
| <input type="checkbox"/> Cumberland | |

**Adults may represent a county in which they live or work so long as they are registered members of Girl Scouts.

Please provide a brief summary of your connection to Girl Scouts.

Why do you want to serve as a County Delegate for the Girl Scouts of Central & Southern NJ?

I have reviewed the County Delegate Position Description/Commitment Form.

SIGNATURE: _____ **DATE:** _____