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**Girl Scout Council of Southeastern Massachusetts**
 111 East Grove Street . Middleboro, MA 02346 . www.gscsm.org  
 T 508 923 0800 . 800 242 0925 . F 508 923 7676
**2008-2009 ADULT MEMBERSHIP REGISTRATION**

Fall 08 - Spring 09 troop # \_\_\_\_\_

*The \$10 annual membership fee for Girl Scouts of the USA in New York must accompany this form.*

Please also consider making a voluntary, tax-deductible contribution to support Girl Scouts in our area! Please enclose a separate check for your donation payable to Girl Scout Council of Southeastern Massachusetts (no credit card info here, please). Thank you! DONATION: \_\_\_\_\_

<b>Check One:</b> <input type="checkbox"/> New Member <input type="checkbox"/> Returning Member	<b>*Circle one:</b> Daisy (K)    Brownie (1-3)    Junior (4-6)    Teen (6-12)
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\* All registered troop adults are considered members of the troop's volunteer team. Registering with a troop does not mean you are "the leader". Please help us to better understand your role by checking one of the following:     Active Leadership     Occasional Help

Affiliating with a second troop?    Troop # \_\_\_\_\_ Level: \_\_\_\_\_    Check One:     Active Leadership     Occasional Help

**Adult Member Information**

Adult's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_ Apartment # \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Cell Phone or Pager Number (        ) \_\_\_\_\_

Fax Number (        ) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone (        ) \_\_\_\_\_ Number of years in Girl Scouts as a girl \_\_\_\_\_ As an adult \_\_\_\_\_

**Please help us evaluate our effectiveness at increasing the diversity of our membership. PLEASE CHECK ALL THAT APPLY:**

<input type="checkbox"/> American Indian and Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other (please specify) _____
<b>The registrant's ethnic background is: (Check One)</b>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
<b>I am an adult:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>My age range is:</b> <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-49 <input type="checkbox"/> 50 and up	
<b>The highest education level completed is: (Please Check One)</b>	<input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Postgraduate

I give my permission to volunteers and agents of Girl Scout Council of Southeastern Massachusetts to obtain and administer medical aid, including that of a licensed physician that might be required for my immediate care in an emergency. Girl Scout Council of Southeastern Massachusetts may use photographs of me for public relations, in publications, and on the web. The council staff and designated volunteers may contact me regarding Girl Scout events and business. I accept financial responsibility for products and money I receive during product sale fund-raisers and on behalf of girls or troops. I understand that to insure the safety of our girl members, GSCSM complies with Chapter 385 of Massachusetts state law and runs criminal background checks on adult members.

_____	_____	_____	_____
Signature	Maiden name	Date of birth	Signature date

**TROOP PLACEMENT REQUEST (REQUIRED FOR ALL NEW MEMBERS AND THOSE MOVING TO A DIFFERENT TROOP)**

Days and/or times **NOT** good for troop meetings: \_\_\_\_\_

Troop choice (if known) – Please detail specific requests below. If you have no preferences, leave bulleted items blank.

- Please place me in troop number \_\_\_\_\_
- Please place me in the same troop as (girl/s name) \_\_\_\_\_
- Please place me in the troop with which \_\_\_\_\_ volunteers.
- Please place me in a troop that meets at (site): \_\_\_\_\_ on day and time: \_\_\_\_\_

Additional information that may help us find a good match for you \_\_\_\_\_

\_\_\_\_\_

We will do our best to honor requests for placement in a specific troop, but all assignments are based on available space.

**Adult Lifetime Membership Registration (Optional)**

Adult Lifetime Membership for adults 18 years of age or older high school graduates, or the equivalent. The fee is a one-time payment of \$250. Make checks payable to the council, which will forward the \$250 and the registration to Girl Scouts of the USA.

❖ If registering as a Lifetime Member, Check Here: