

GIRL SCOUTS

## STEP 1: Register as a lifetime member (all fields required).

Lifetime mer	mber name (plea:	se print)					
Address							
City	State	Zip		Phon	ıe	Email	
-	e following only i has been within			-	registered	d as an annual	
GSUSA ID number (if known)				Council name			
Please compi	lete only if the ap	oplicant is a gi	radu	ating Gir	l Scout Se	enior.	
 Month/year o	of high school (or	equivalent) g	radu	ation			
	ne membership i e, all fields requi please print)	_	ete tr	ie follow	Ing		
Address							
City	State	Zip		Phon	ıe	Email	
= \$400 ADUL = \$200 YOUN	rchase (check or T (women and m IG ALUM (Girl Sco ment type (chec MasterCard	en ages 18 or c out alum ages 1	18-29		□ Mone	ey order	
 Account num	nber				ur complet ayable) to:	ted form (and make	
CVV	Expiration date			Girl Scou	uts of Mani	tou Council	
Name as it appears on the card (please print)				5212 Windward Ct Sheboygan, WI 53083			
 Signature							