



Membership Dues Summary

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

Attach payment for total amount and the completed Girl and/or Adult Member Registration Forms.

For Office Use Only

Summary # _____ Receipt # _____
 Date _____ Date _____
 Entered by _____ M'ship _____
 F.P. _____
 TOTAL _____ Other _____

Troop Number	Service Unit	Expiration 9/30/____

Check the one term that best describes the primary way in which these girls participate:

<input type="checkbox"/> Troop	<input type="checkbox"/> Interest Group	<input type="checkbox"/> Program Center	<input type="checkbox"/> In School
<input type="checkbox"/> Event	<input type="checkbox"/> Camp	<input type="checkbox"/> Individual	<input type="checkbox"/> Other

Program frequency:

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every Other Week	<input type="checkbox"/> Monthly
<input type="checkbox"/> 1 - 3 times Annually	<input type="checkbox"/> Other		

Please check one grade level that represents the majority of the girls that are registering now.

<input type="checkbox"/> Grade K-1 (Daisy)	<input type="checkbox"/> Grade 2-3 (Brownie)	<input type="checkbox"/> Grade 4-5 (Junior)	<input type="checkbox"/> Grade 6-8 (Cadette)
<input type="checkbox"/> Grade 9-10 (Senior)	<input type="checkbox"/> Grade 11-12 (Ambassador)		

Type of meeting place: (check one)

<input type="checkbox"/> Public facility	<input type="checkbox"/> Home	<input type="checkbox"/> School	<input type="checkbox"/> Religious Building
<input type="checkbox"/> Other Organization Facility	<input type="checkbox"/> Council Facility	<input type="checkbox"/> Other	

Meeting day and location:	Name of Registering Member Last Name, First Initial	Name of Registering Member Last Name, First Initial
Day _____ Time _____	G A*	G A*
Name of meeting place _____	G A*	G A*
Address _____	G A*	G A*
Troop Leader:	G A*	G A*
Name _____	G A*	G A*
Address _____	G A*	G A*
Phone Number _____	G A*	G A*
Email Address _____	*Circle G for Girl or A for Adult	
Name of Cookie Manager _____	Registered: <input type="radio"/> Yes <input type="radio"/> No	

Number of girl registrations attached _____	Financial Assistance \$ _____
Number of adult registrations attached _____	Troop Check # _____ \$ _____
Total # of registrations _____	Cookie Credits \$ _____
Total amount of dues attached @ \$12.00 \$ _____	Amount Charged \$ _____
Family Partnership Contributions \$ _____	Please No Cash
TOTAL DUE \$ _____	TOTAL \$ _____

To be signed and dated by Service Unit Registrar

Date