

Financial Assistance Request for Membership Fee Form

866.566.7434 • www.gsmists.org

Membership Registration is \$12.

Participant Name: _____ Grade: _____ Group #: _____ (if applicable)

Address: _____ City: _____ Zip: _____

Pathway:

Camp Events Series Travel Troop Virtual Girl Scouting

Level of Participant:

Daisy Brownie Junior Cadette Senior Ambassador Adult

Parent/Guardian Name: _____ Relationship to Participant: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Group Leader's Name (if applicable): _____

Amount of Membership Registration Financial Assistance Requested: \$ _____

REQUEST FORM COMPLETED BY: _____

GSMISTS reserves the right to make awards based on need and the availability of council funds. *Although not required, reimbursement (when and if possible) of any assistance is appreciated and accepted by Girl Scouts of Michigan Shore to Shore. This enables your council to continue to provide assistance to other girls when the need arises.*

Signature (parent or guardian): _____ Date: _____

Attach to the GSUSA Girl or Adult Annual Membership Registration Form

FOR OFFICE USE ONLY

Date received: _____

Received by: _____

Submit to: SC, Registrar