

GIRL SCOUTS

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

Lifetime men	nber name (plea:	se print)						
Address								
City	State	Zip		Phon	le	Ema	ail	
_	following only i			rrently	registered	d as an ar	nnual	
GSUSA ID number (if known)				Council name				
Please compl	ete only if the ap	oplicant is a	gradua	ting Gir	l Scout Se	enior.		
 Month/year c	of high school (or	equivalent)	gradua	tion				
If this lifetim	ide your payme ne membership is e, all fields requi	s a gift, comp		e follow	ing			
Address								
City	State	Zip		Phon	ıe	Ema	ail	
□ \$400 ADUL' □ \$200 YOUN Select a pay	rchase (check or T (women and m G ALUM (Girl Sco ment type (chec	en ages 18 or out alum ages	s 18-29)	heck	□ Mone	y order		
Account number				Register at girlscouts.org/lifetime , mail this form to your local council or send it to:				
CVV	Expiration date				Girl Scouts of the USA			
Name as it appears on the card (please print)				Lifetime Membership PO Box 5048 New York, NY 10087-5048				
Signature				New Yo	ork, NY 100	187-5048		