



FINANCIAL ASSISTANCE FOR NATIONAL MEMBERSHIP FEES ADULTS ONLY

Registrar Use Only

Batch Date: ____/____/____

Batch #: _____

Registrar Initials: _____

of Adults Posted: _____

Total Amount Dues \$ _____

Girl Scouts welcomes and respects people from all backgrounds and abilities. We recognize some adults may not be able to pay the entire \$25 annual membership fee. Financial Assistance may be requested and eligibility is based on availability of funds and financial need. **Only adults who are Co-Leaders may request help for membership fees.** Please know a request for financial assistance does not guarantee that aid will be given. **Please remember:** Troops may use money from their troop accounts to pay for girls annual membership dues. We encourage troops to make this a part of their financial planning each year. Please allow 30 days to process your request.

Membership Year _____ Troop # _____ Service Unit # _____

Troop Leader _____ Phone _____ Email _____

INDICATE	INDICATE	NAME	AMOUNT PAID	AMOUNT REQUESTED
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader		\$	\$
<input type="checkbox"/> New <input type="checkbox"/> Re-registering	<input type="checkbox"/> Leader <input type="checkbox"/> Asst. Leader		\$	\$
		TOTAL	\$	\$

Attach all completed registration forms and a copy of your receipt if partial payment is being made.

Date _____ Requested by _____

Date _____ Approved by Vice President of Membership _____