

Application for Membership Registration Subsidy

- Complete a separate form for each applicant.
- Membership subsidy is provided to girls and adults based on their specific need.
- The regular cost for membership is as follows:
 - Girl Membership – \$35 for single year, \$50 for extended year – April 1, 2021 – Sept 30, 2022
 - Adult Membership – \$25 for single year, \$35 for extended year – April 1, 2021 – Sept 30, 2022
- Subsidy applicants are expected to contribute at least \$5 for new member – single year, \$10 for new member – extended year (April 2021 – Sept 2022) or \$10 for returning/renewing members – single year.
- Membership subsidy is available on a limited basis to adults, and preference will be given to those adults that hold a co-leader position for the troop.
- Subsidy is only for the membership registration fee and does not apply towards troop dues, cost of program supplies, or uniforms.
- This form must be completed and signed by the guardian of the girl member, or the adult requesting subsidy, not the troop leader.

The council reviews all requests singularly, objectively, and confidentially.

PLEASE PRINT (Form must be completed in full to considered for requested membership subsidy.)

Girl Scout's Full Name: _____

Mailing address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Parent Email: _____

Date of birth: ____ / ____ / ____ Grade in **Fall of 2021** _____ School attending: _____

Subsidy request for _____ Girl _____ Adult 5-Digit Troop #: _____

Parent and/or Troop Total Contribution: \$ _____

Please include at least (check one)

- \$5 – new member – single year
- \$10 – new member – extended year (April 2021 – Sept 2022)
- \$10 – returning member – single year *(Returning troops are highly encourage to contribute at least \$5 of the \$10 from troop funds)*

Did girl requesting subsidy participate in (or if new, does she plan to participate this year?)

Fall Product Program YES _____ NO _____ Cookie Program YES _____ NO _____

Does the family qualify for free or reduced school lunch? YES _____ NO _____

Are there other circumstances we should be aware of when considering this request (please specify)

I hereby state the information that I have provided is true and complete. I authorize investigation of all statements provided.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Send *completed forms* (subsidy request and membership form) with payment to:
GSNI-M Membership Registration, 10008 Dupont Circle Drive East, Fort Wayne, IN 46825

For Office Use Only:

Staff Member: _____ Date: _____ Source Code: _____