

ROLE:

Board of Directors Member

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

For participation and grant information:

Racial Background: American Indian or Alaskan Native Asian Black or African American
 Hawaiian or Pacific Islander White Other

Ethnic Background: Hispanic or Latina Not Hispanic or Latina I choose not to share

Payment Information - The Girl Scout membership year runs from October 1-September 30, each year. Girl Scout membership is non-refundable and non-transferrable.

\$25 12-month membership (Available year-round)

\$200 Young Alum Lifetime (Former girl members ages 18-29) **\$400** Lifetime Membership (Any adult can purchase)

Cash **Check enclosed** (payable to Girl Scouts of Western Ohio)

Credit Card

Credit Card Number: _____ Exp. Date: _____

Name on Card (print): _____

CVV (3-digit): _____ Signature: _____ Billing Zip Code _____

Photo/Video: Unless otherwise noted below, I hereby grant permission for the Girl Scouts and or its affiliates to use my picture(s) or video recording(s) of my participation as a member.

I do not grant permission for my photo or video recordings to be taken or used by Girl Scouts.

Signature: _____ **Date:** _____

