

LIFETIME MEMBER INFORMATION FORM

Please complete this form and submit it with your troop registration packet to ensure that all information is current in our computer systems.

Troop Number _____ Service Unit _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

Position in troop or service unit (if applicable) _____

Please return this form with your troop registrations to the Area Registrar.

I would like to contribute to the Girl Scout Annual Fund:

___ \$1,000 ___ \$500 ___ \$250 ___ \$125 ___ \$50 ___ Other \$ _____

My check for \$ _____ is attached. Make checks payable to Girl Scouts of Greater Atlanta

Credit card: ___ Visa ___ MasterCard ___ American Express

Account # _____ Exp. Date _____

Signature _____ Name on card _____

I understand that my voluntary, tax-deductible gift to the Annual Fund will help support **local** Girl Scout programming.