

# LIFETIME MEMBER FORM UPDATE

Lifetime members, please fill out this update form, annually.  
This ensures the council information remains current.

## CURRENT LIFETIME MEMBER INFORMATION

Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Years in Scouting: As a Girl: \_\_\_\_\_ As an Adult: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## POSITION INFORMATION

I am actively involved as a:

Check all that apply:

- Troop Leader
- Asst. Troop Leader
- Troop Committee Member
- Troop Product Sales Manager - Cookie
- Troop Product Sales Manager – Fall
- Other: \_\_\_\_\_

I would like to get more involved with Girl Scouts of North-Central Alabama. Please contact me.

## VOLUNTARY INFORMATION

We encourage you to voluntarily provide the following information on racial background and ethnicity, gender, age and education levels. This information will be used by Girl Scouts to help improve outreach efforts and advance the Girl Scout Movement.

Please choose all that apply:

My racial background is...

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- Other
- Choose not to share

I am Hispanic or Latino

- Yes
- No
- Choose not to share

I am an adult...

- Female
- Male

#### Media Permission

When participating in Girl Scout activities I give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of the local Girl Scout Council or Girl Scouts of the USA. I hereby release and hold harmless the local Girl Scout Council and Girl Scouts of the USA from any claim arising from the use of these images.

\_\_\_\_\_ I wish to opt out at this time.

By inserting my name below, I affirm the above statements and that I subscribe to the beliefs and principles of the Girl Scout Movement as stated in the Girl Scout Promise and Law.

Signature\* \_\_\_\_\_

Date\* \_\_\_\_\_

Please click Submit Form button to send or save as an attachment and email to [registrar@girlscoutsnca.org](mailto:registrar@girlscoutsnca.org).

#### **Troubleshooting:**

To submit these forms online, please use Safari (Mac) or Internet Explorer 8 or higher (PC) with Acrobat Reader. If you are using another browser, such as Chrome, you must:

change your settings to utilize Acrobat Reader

or

- save the online form to your computer as an Adobe Acrobat Document (right click on the form to save it.),
- complete the form,
- save it again to your computer, and
- either use the Submit button or send it as an attachment to: [registrar@girlscoutsnca.org](mailto:registrar@girlscoutsnca.org).

I recommend that you print a copy before you save or try to submit the form – so you can scan or fax (256-882-1750) the form if needed