

Membership Registration Assistance

Troop # _____ Service Unit _____ Date _____

\$ _____ is requested for _____ girls/adults to pay their membership registration fees, in full or in part.

Please provide the names of girls/adults: This information will be kept confidential, used only for record keeping.

_____	_____
_____	_____
_____	_____

Troop Leader's Signature _____

Please transfer from SU funds \$ _____

Signature of SUD/Registrar or School Organizer _____ Date _____

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