

Change of Member Information Form

12/10

Submitted By:

Name _____ Day Phone (_____) _____ - _____ Parent Volunteer Council Staff

Submission Date: ____/____/____

Member Record to Be Changed:

First Name _____ Middle Initial _____ Last Name _____

Address _____ Apt Lot PO Box Number _____

City _____ State _____ Zip Code _____ County _____

**** ONLY FILL IN THE INFORMATION TO BE CHANGED ****

Information to Be Changed:	Previous (if known):	New/Update:
Membership Classification	<input type="radio"/> Girl <input type="radio"/> Adult <input type="radio"/> Lifetime Member	<input type="radio"/> Girl <input type="radio"/> Adult <input type="radio"/> Lifetime Member
First Name	Same as above	
Last Name	Same as above	
Address	Same as above	
City, State, Zip Code and/or County	Same as above	
Home Phone	(_____) _____ - _____	(_____) _____ - _____
Cell Phone	(_____) _____ - _____	(_____) _____ - _____
Business Phone	(_____) _____ - _____	(_____) _____ - _____
Employer Name and Address		
Occupation		
E-mail Address		
Service Unit		
Troop Number		
Volunteer Position <i>(use code, if known)</i>		
Girl Grade		
Girl School		
Years in Girl Scouting – As a Girl		
Years in Girl Scouting – As an Adult		
Mail Preference – Council	<input type="radio"/> Receive GSEIWI mail <input type="radio"/> No mail	<input type="radio"/> Receive GSEIWI mail <input type="radio"/> No mail
Mail Preference – National	<input type="radio"/> Receive GSUSA mail <input type="radio"/> No mail	<input type="radio"/> Receive GSUSA mail <input type="radio"/> No mail
Other: _____		

Former Council Name and Main Address (if transferring from another council)	GSEIWI
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Council Office Use Only:

Received By _____ Changes Made (Date): ____/____/____

