Frontier Girls Clubs Troop Membership Application
Program Year _____ - _____

Troop Type (circle one) New Troop Troop Renewal

Troop # _____ Intended Start Date _____ Anticipated # of Girls _____

Anticipated Levels: ___ Otter ___ Dolphin ___ Butterfly ___ Eagle

Name of Organization, Business or Individual Purchasing Troop Membership:

_____

Address _____

City _____ County _____ State _____ Zip _____

Mailing Address_____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Name of Pastor/Principal/President if purchased by an organization. _____

Email _____ Phone: _____

Would you like your organization linked to Frontier Girls website in the troop locator area? ___ Yes ___ No

Organization website: _____

Signature Authority
The undersigned is authorized to sign as legal representative on behalf of the individual, business or organization on completing this Troop Membership Application. The undersigned also further certifies that all statements regarding the individual or Organization are true and complete.

Signed By: _____ Printed Name_____ Date: _____
(Authorized executive, officer, or agent)

Organization Name (if applicable): _____ Phone: _____

Charter Approval
This Charter Agreement is agreed to and approved by:

_____, Frontier Girls Clubs Date: _____

PLEASE MAKE TWO (2) COPIES: Mail the original to the Frontier Girls Office. File one copy with the Charter Organization, and file one copy with your Troop records.

Frontier Girls Clubs 17040 Austin Lane, Cottonwood, CA 96022 530-347-1700
www.frontiergirls.com