



# CHANGE OF MEMBER INFORMATION

20 Washington Avenue, North Haven, CT 06473  
 203-239-2922 • 203-234-6828 (Registration Dept. Fax) • [www.gsofct.org](http://www.gsofct.org)

- Complete this form **if the girl or adult member's Council, Name, Address, Phone, Email or Service Unit changes within the current membership year.** If these changes occur at the end of the membership year, please provide your most current information on the GSUSA Girl and Adult Membership Form when registering for the new membership year.
- Transfers: To transfer girls and adults **already** registered in the current membership year from one troop/group to another, please complete the *Troop Transfer Information* form found in [www.gsofct.org](http://www.gsofct.org).
- Return completed form to the GSOFCT Registration Department, 20 Washington Avenue, North Haven, CT 06473 or email to [Registration@gsofct.org](mailto:Registration@gsofct.org) or fax to 203-234-6828.

**Check all that apply: I am changing my**    Council    Name    Address    Phone    Email    Service Unit

Member information as stated on <i>initial</i> registration form.				
Member Name:		Other Possible Names From <u>Initial</u> Registration Form:		Check One: <input type="checkbox"/> Adult <input type="checkbox"/> Girl
Street:	Apt. #:	City:	State:	Zip:
Home Phone: (xxx-xxx-xxxx)		Cell Phone: (xxx-xxx-xxxx)		Work Phone:
Email Address:		Service Unit Name:	GSOFACT ID: (if known)	GSUSA ID: (if known)
Check One: <input type="checkbox"/> Annual Member <input type="checkbox"/> Lifetime Member			GSOFACT Troop/Group #:	
Previous Council Name and Troop #: (if applicable)				
If <u>Girl</u> Member, Provide Grade and Birthdate.		Grade:	Birthdate (mm/dd/yyyy):	
If <u>Adult</u> Member, Provide Position Code and Position Name.		Position Code:	Position Name:	
Check (✓) previously reported racial/ethnic category of member:				
<input type="checkbox"/> White	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> Hispanic/ Latina <input type="checkbox"/> Other

CHANGES TO BE MADE TO MEMBER INFORMATION				
Changes to Member Name (s):				
Street:	Apt. #:	City:	State:	Zip:
Home Phone: (xxx-xxx-xxxx)		Cell Phone: (xxx-xxx-xxxx)		Work Phone:
Email Address:		Service Unit Name:		