

YOUTH MEMBERSHIP FORM



GIRL GUIDES
AUSTRALIA
SOUTH AUSTRALIA

1 TELL US MORE ABOUT THE NEW MEMBER

First Name		Surname	
Preferred Name			
Residential / Street Address			
		State	Postcode
Postal Address (if different to residential address)			
		State	Postcode
DOB (day, month, year)			
Does the prospective Girl Guide identify as:			
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal/Torres Strait Islander <input type="checkbox"/> Neither			
In which country were they born?			
Primary language spoken at home		INTERESTS <input type="checkbox"/> Advocacy <input type="checkbox"/> Creative Arts <input type="checkbox"/> STEM <input type="checkbox"/> Environment <input type="checkbox"/> Friendship <input type="checkbox"/> Leadership <input type="checkbox"/> Community <input type="checkbox"/> Outdoors <input type="checkbox"/> Life skills	
Other languages spoken			
Does the new member have any family members who are Girl Guides? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Comments			
Does the new member identify as female? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If not, please contact your State Girl Guide Office</i>			
Do you require any specific support that we should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>These could include cultural, religious or accessibility considerations as examples.</i>			
If YES, What is the specific support required? (GGA Diversity and Inclusion Policy)			
If YES, Will they prevent her from participating in any activities? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> I agree to the prospective Girl Guide, participating in all activities organised by Girl Guides; except the activity/ activities listed (leave blank if none)			

2 HOW DID YOU HEAR ABOUT GIRL GUIDES?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friends and Family	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Come and Try Days	<input type="checkbox"/> Girl Guide Signage	<input type="checkbox"/> School
<input type="checkbox"/> Community Notice Board	<input type="checkbox"/> Internet search engine i.e. Google	<input type="checkbox"/> Social Media
<input type="checkbox"/> Email	<input type="checkbox"/> Local Community Events	<input type="checkbox"/> Website

3 PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1

First Name	Surname	
Title	Preferred Name	
Residential / Street Address		
	State	Postcode
Postal Address (if different to residential address)		
	State	Postcode
Email	Mobile	
Preferred Contact Method <input type="checkbox"/> SMS <input type="checkbox"/> Email	DOB (day, month, year)	
In which country were you born?		
Primary language spoken at home	Other languages spoken	
Occupation		
Are you the new members parent / guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you the new members emergency contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any custody arrangement Girl Guides South Australia should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES – please provide a details.		
Where would you like the membership invoices and renewals sent? <input type="checkbox"/> The email listed above <input type="checkbox"/> Other email address, please specify		

PARENT / GUARDIAN 2		
First Name	Surname	
Title	Preferred Name	
Residential / Street Address		
	State	Postcode
Postal Address (if different to residential address)		
	State	Postcode
Email	Mobile	
Preferred Contact Method <input type="checkbox"/> SMS <input type="checkbox"/> Email	DOB (day, month, year)	
In which country were they born?		
Primary language spoken at home	Other languages spoken	
Occupation		
Are they the new members parent / guardian? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are they the new members emergency contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any custody arrangements Girl Guides South Australia should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES – please provide a details.		
Where would you like the membership invoices and renewals sent?		
<input type="checkbox"/> The email listed above <input type="checkbox"/> Other email address, please specify		

4 EMERGENCY CONTACT	
First Name	Surname
Address	
Telephone	Relationship to new member

5 UNIT DETAILS	
Which Unit or District is the new member joining?	
Unit	
District	
Region	

6 CONSENTS AND DECLARATIONS

MEDIA RELEASE

I authorise Girl Guides South Australia, Girl Guides Australia and any person authorised by them to reproduce, publish, broadcast or do any of the acts comprised in the copyright subsisting in photographs, video tapes, voice recording of the prospective Girl Guide in any form deemed appropriate by Girl Guides South Australia, or Girl Guides Australia. I hereby release Girl Guides Australia and the Guide organisations of each State and Territory of Australia, from all claims, demands, actions, proceedings, costs or expenses relating to or arising out of use of this material. The consent can be rescinded at any time by notifying Girl Guides South Australia, in writing at reception@girlguidessa.org.au.

MEDICAL AND FIRST AID DECLARATIONS

I authorise the organisation or Leader-in-Charge to obtain first aid, medical, ambulance, dental assistance or treatment, including any anaesthetic or blood transfusion, for the prospective Girl Guide in the event of any illness or accident.

Note: All reasonable attempts to contact the nominated 'emergency contact' will be made before obtaining the appropriate treatment.

I consent to the release of the health information collected in this application or at any other time (including event registration or membership renewal) to any person who provides medical treatment and care to the prospective Girl Guide whilst participating in any approved activity.

I agree to pay for all reasonable expenses, as determined by the organisation, incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred.

It is my responsibility to ensure that any changes to personal or medical information for the prospective Guide are updated immediately.

I acknowledge that I am responsible for the delivery to and the collection of the prospective Guide from each Girl Guide venue or activity.

CODE OF CONDUCT

Upholding the commitment of Girl Guides Australia to being a safe and friendly organisation for all people, particularly Girl Guides Youth Members, I will support the prospective Girl Guide to act in the following ways by being her role model to:

Behave in the spirit of The Girl Guide Promise and Guide Law and the GGA Code of Conduct.

Adhere to the laws of Australia and the policies and procedures of Girl Guides Australia and Girl Guides South Australia.

Adhere to the Unit rules created by the Unit to which they are attached.

Treat all people fairly and not tolerate discrimination of any kind, contribute to a child safe child friendly environment and culture in which all people are safe from emotional, physical, verbal and sexual abuse.

Respect other's rights to privacy and the confidentiality of their personal information.

Conduct myself in a manner that a reasonable person would consider appropriate.

Represent Girl Guiding in the community in a positive light.

RECOGNISING THE CONDUCT OF OTHERS

We encourage any person associated with Girl Guides – parents/guardians/carers/members/volunteers (ongoing and casual) and employees to recognise others who behave in a way that creates a positive environment for our members. If you feel someone else's behaviour is in breach of this code of conduct you are encouraged to address your concerns according to Element 9 of the [Girl Guides Australia Child Safe Child Friendly Procedures](#).

There is a [Girl Guide Complaint Form](#) for adults to complete and girls may prefer to use the '[TELL US WHAT YOU ARE WORRIED ABOUT?](#) – Youth Member Form to raise any matter with Girl Guides.

I acknowledge I can access [Guide Lines for Girl Guides and Girl Guide Volunteers](#) (a website containing the Membership Policies, Rule and Code of Conduct of Girl Guides Australia which is updated from time to time) and that its contents are binding on me. I understand that compliance with *Guide Lines*, including the Code of Conduct, is an essential requirement of membership of Girl Guides South Australia.

I consent to the collection and use of information supplied by me for the operation of Girl Guides Australia and the State Girl Guide Organisations. I acknowledge that the information will be dealt with in accordance with the [Girl Guides Australia Privacy Statement](#) and Policy contained in *Guide Lines for Girl Guides and Girl Guide Volunteers*.

I agree to assign for all time all intellectual property in any work the prospective Girl Guide produces as a Youth Member of Girl Guides to Girl Guides South Australia.

If you have answered NO to any of the above questions, please speak to Girl Guides South Australia office to discuss your concerns further.

7 DECLARATION AND ACCEPTANCE OF MEMBERSHIP CONDITIONS

I agree to pay any initial joining or registration fees and any annual membership subscriptions as requested in relation to this Girl Guide membership.

I give permission for her to participate in all of the activities of the Australian Guide Program other than adventurous activities, swimming, boating and overnight activities for which a separate permission is required.

I understand that Girl Guides South Australia does not have any medical insurance.

I declare the information provided is true and correct to the best of my knowledge.

Parent / Guardian Name

Parent / Guardian Signature

Date

8 MEMBERSHIP PAYMENT

Membership Type	Annual Fee	Financial members may attend all local, Region, State, National and International events at members rates provided they meet other eligibility criteria. Ensure that full payment is included with this application form. These are the Girl Guides SA Inc membership fees valid 1st January 2024.
New Youth Membership	\$210	

PAYMENT METHOD

Mastercard Money Order Cash
 Visa Cheque Direct Deposit

CREDIT CARD DETAILS

Card Number

Expiry Date / CCV

Card Holders Name

Signature

DIRECT DEBIT DETAILS

Account Name: Girl Guides SA Inc
BSB: 105 148
Account Number: 023 347 140

Membership fees must be paid in full and are non-refundable.
When using Direct Deposit, please use surname as reference.
Renewals are billed from Girl Guides SA Inc at the beginning of each month that the membership expire and are due within 30 days.

9 CHECKLIST

To avoid processing delays, please check this Youth Member Application is complete by completing this checklist.

- | | |
|--|--|
| <input type="checkbox"/> Completed Form
<i>All sections of this Youth Application Form are completed correctly and signed by Parent/Guardian/Carer</i> | <input type="checkbox"/> Full Payment
<i>Full payment is included with this application form</i> |
|--|--|

To finalise this Youth Member Application, forward all complete paperwork and accompanying payment to the State Office:

Email: office@girlguidessa.org.au

Post: Girl Guides South Australia, 311 Military Road, Henley Beach SA 5022

Any questions please call: (08) 8418 0900