



TREFOIL GUILD MEMBER REGISTRATION FORM

Please type or print clearly in black pen.

Complete this form in duplicate. One copy is to be retained by the Trefoil Guild and the other to be forwarded to the State Trefoil Guild Adviser.

Trefoil Guild:

Title:		Surname:	
Given names:			
Previous names:			
Post nominals:			
Street address:			
Suburb:		Postcode:	State:
Preferred contact phone no:		Alternative contact phone no:	
Email:			
Date of birth:		Date of joining Trefoil Guild:	

Current position in Guiding / Scouting (if applicable):	
Promise date or renewal of promise:	Membership number:

Youth membership in the Guide of Scout Movement? Details (place and dates, if possible):	YES / NO



History of Appointments / Warrants held (including District Support Group):			
Position	Date Commenced	Date Resigned	Total Service

Awards: Good Service (e.g. Banksia, Emu), Thanks Badge, National, Military and Civil Awards	
Name of Award	Date

Years of Membership Awards (Trefoil Guild / Leader / Combined)	
Award:	Date:

Due to privacy legislation, do you give permission for Girl Guides Australia Trefoil Guild to publish your contact details in Trefoil Guild Personnel Directories?	YES / NO
Do you give permission for your photo to be used in promotional materials, including Girl Guide based websites?	YES / NO
Member's signature:	Date:

Guild endorsement:	Date:
State Trefoil Guild Adviser signature:	Date:
Date copy sent to Girl Guides Office (if applicable)	Date: