

WELCOME TO A NEW YEAR OF LINK!

If you are already a member of Girl Guides of Canada, please fill out the form below.

If you are looking to become a member of GGC, please contact **any-link@girlguides.ca**.

Please Mail Completed Forms To:

Girl Guides of Canada, Alberta Council
11055-107 Street NW
Edmonton, Alberta T5H 2Z6 or email them to **memberunitsupport@girlguides.ca**.

If you have questions about any of the forms please do not hesitate to call the Alberta Council office (780-424-5510) or email me (any-link@girlguides.ca).

NOTE: You only pay the \$72 fee once. If you are registered in another position in Guiding, you will only pay the membership fee for one of the positions that you hold (you pay at the level closest to the girls – for example, as a Unit Guider).

To pay your registration fee, please go to:

<https://events.eply.com/ANYCouncilRegistrationForm3359775>

HAVE A GREAT GUIDING YEAR!

Lauren Gee
Alberta Council Link Liaison
Email: any-link@girlguides.ca

LINK MEMBERSHIP FORM

NAME: _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH: _____ **RENEWAL:** Yes No
(Were you a member of LINK last year?)

Number of Membership Years: _____ as of Sept _____ (year - include this upcoming Sept)

Do you have a Link Pin already? Yes No

Do you hold any other positions in Guiding Currently? Yes No
If so, what positions, and where? (list unit or position, and your Guiding Area)

You have the option of being registered in Link at the Alberta Council level. Alternatively, you can register in Link at the Area level where you are living, which allows you to receive notification of Area events near you. Some of our larger Guiding Areas have Link Units that you can participate in if you so choose.

Would you like to be registered in LINK with the Guiding Area where you are presently living?
Yes No

PERMANENT ADDRESS: Is this correct in your Membership Profile? Yes No
If incorrect, please write your correct permanent address below to be updated:

(Street Address) (Town/City) (Postal Code)

TEMPORARY ADDRESS: From when to when: _____ **TO:** _____

(Street Address) (Town/City) (Postal Code)

To Which Address Would You Like Your MAIL to Go? Permanent Temporary

PHONE: (____)____-____ **WORK:** (____)____-____ **CELL:** (____)____-____

EMAIL: _____
(THIS IS EXTREMELY IMPORTANT)

Would you like your email shared with other LINK members in your area? Yes No

EMERGENCY CONTACT:

NAME: _____ **PHONE:** (____)____-____

Are you at a post-secondary institution? Name: _____

(Your Signature or iMIS number)

(Date)