Girl Scouts of Eastern Washington and Northern Idaho
FINANCIAL AGREEMENT

By my signature below, I certify that I have received, read, understand, and will adhere to Girl Scouts of Eastern Washington and Northern Idaho (GSEWNI) Finance Policies, Standards & Procedures.

I understand I must be a registered member of Girl Scouts of the USA, have a current criminal background check on file with GSEWNI and be approved to handle funds.

I further understand that Girl Scouts of Eastern Washington and Northern Idaho may take legal action, including, but not limited to arbitration, against me if I do not honor my financial obligation.

Print Name: _____

Driver's License #: _____ State: _____ Expires: _____
or
Social Security #: _____

Address: _____
Street City State Zip

Phone Number: 1) _____ 2) _____

_____ _____
Signature **Date**

Witness: _____ _____
Date

Print Name of Witness: _____

Check appropriate box:

☐ Troop Treasurer
☐ Troop Cookie Manager
☐ Day Camp Treasurer
☐ Service Area Treasurer
☐ Service Area Cookie Coordinator
☐ Other: _____

Troop Number (if applicable): _____ Service Are Number: _____

Return Form to: GSEWNI, 1404 N. Ash, Spokane, WA 99201
OR
Your local area GSEWNI Service Center