

**Request for Membership Numeral Guards  
and/or Years of Service Pins  
15 Years or More**

Numeral guard pins for Years of Membership (girl and adult membership combined) and Years of Service Pins (as an adult volunteer) are **available only in increments of five years** (5, 10, 15, etc.) Years of Membership recognition is a numeral guard to be worn with the Girl Scout Membership Pin. Volunteer Years of Service recognition is a separate numeral pin with the appropriate number years on the pin.

**15 years or more** of service or membership can be given at the Annual Meeting and Recognition Event or awarded at an appropriate service unit event. Note: Please indicate your choice. These awards are provided by the council.

**Completed form must be received at Balboa Service Center no later than 4:30 p.m. on February 28<sup>th</sup>.**

Recognitions are requested for the following currently registered adults:

Name: _____	<b>Membership:</b> (circle # of years)	<b>Service:</b> (circle # of years)
Address: _____	15    20    25	15    20    25
_____	30    35    40	30    35    40
Telephone: (_____) _____	45    50    55	45    50    55
E-mail: _____	Over 55: _____	Over 55: _____
	____ Verified	____ Verified
<b>(circle one)</b> Receive at Annual Meeting      Pick up for SU event		

Name: _____	<b>Membership:</b> (circle # of years)	<b>Service:</b> (circle # of years)
Address: _____	15    20    25	15    20    25
_____	30    35    40	30    35    40
Telephone: (_____) _____	45    50    55	45    50    55
E-mail: _____	Over 55: _____	Over 55: _____
	____ Verified	____ Verified
<b>(circle one)</b> Receive at Annual Meeting      Pick up for SU event		

Name: _____	<b>Membership:</b> (circle # of years)	<b>Service:</b> (circle # of years)
Address: _____	15    20    25	15    20    25
_____	30    35    40	30    35    40
Telephone: (_____) _____	45    50    55	45    50    55
E-mail: _____	Over 55: _____	Over 55: _____
	____ Verified	____ Verified
<b>(circle one)</b> Receive at Annual Meeting      Pick up for SU event		

Requested by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Service Unit: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Recognitions Chair Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Council Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_