



Lifetime Membership Form

STEP 1: Please register the following person as a Lifetime Member: (all fields required)

Lifetime Member name (please print) _____

Address _____

City _____ State _____ Zip _____ Telephone _____ Email _____

STEP 2: Please complete only if the applicant is a former or current registered member:

ID number _____ Council name _____

STEP 3: Payment information (check one):

Check Money Order

If you are giving this Lifetime Membership as a GIFT, please complete the following:

Your name (please print) _____

Address _____

City _____ State _____ Zip _____ Telephone _____ Email _____

Mail this membership to (check one): Me Lifetime Member

Check or money order payment (check one):

Adult (Ages 30 or older): \$400 Young Alum (Ages 18 to 29): \$200

Credit card payment I wish to charge the payment of:

\$ _____ to AmEx MasterCard Visa

Account number _____ CCV _____ Expiration date _____

Name as it appears on the card (please print) _____

Signature _____

Please return this form with payment to GSUSA Lifetime Membership, P.O. Box 5046, New York, NY, 10087-5046.

