



Registration for LINK Membership September 2002- June 2003 Membership Fee: \$55.00

Name: _____ Date of Birth: ____/____/____ iMIS _____
d/ m/ y

(1) Current Address: _____
Number Street Apt. #

City/Town Postal Code

Phone: () _____ E-mail: _____

Relevant dates for this address: _____ to _____
month month

OR I am always at this address

(2) Alternate address _____
Number Street Apt. #

City/Town Province Postal Code

Phone: () _____

Relevant dates for this address: _____ to _____
month month

Publications/mailings to be sent to which of the above addresses? Address 1 Address 2

Present occupation: _____

If Student – Where? _____ Course of study _____

Number of years in LINK _____ (not including current year) Received LINK pin? Y _____ N _____

Number adult years _____ Most recent Long Service Pin? 3 5 10

Guiding Experience:

Permission to conduct reference check/screening process _____
signature

Interests, skills and activities: Help us get to know you. Tell us about yourself — your interests within and outside Guiding, things you do well, what you would like to share with others.

As a LINK member, I am interested in the following activities:

- | | |
|---|--|
| <input type="checkbox"/> meetings/social gatherings of LINK members in my Area | <input type="checkbox"/> Unit helper
<input type="checkbox"/> occasional basis <input type="checkbox"/> regular basis |
| <input type="checkbox"/> applying for International events/opportunities | <input type="checkbox"/> Camp leader/helper |
| <input type="checkbox"/> social gatherings of Guiders in my Area, i.e., Division/Area banquets | I hold the following current qualifications: |
| <input type="checkbox"/> adult trainings | <input type="checkbox"/> Camp Leadership Certificates |
| <input type="checkbox"/> occasional badge tester/instructor in a Unit
Areas of expertise: _____
_____ | <input type="checkbox"/> Standard First Aid |
| <input type="checkbox"/> Duke of Edinburgh Award activities | <input type="checkbox"/> Waterfront Qualifications (Swimming/Canoeing)
Specify: _____ |
| | <input type="checkbox"/> Other
Specify: _____ |

Please sign here if you wish to be included on a list of LINK members in your Area for distribution to other LINK members within your Area. _____

I _____, hereby grant
(Name of Photographed/Taped Person)

permission to the Girl Guides of Canada-Guides du Canada, Ontario Council (the "Girl Guides" to the use of my photograph, videotape, or other likeness, voice and/or statements made by or attributed to me relating to the Girl Guides, to promote the Girl Guides. To this end, I hereby grant permission to the Girl Guides to photograph and/or record my person and/or voice on still or motion picture film and/or audio tape (the "Material"), and to use the Material in whole or in part, to promote Girl Guides in any medium including television, film, radio, electronic media (e.g., Internet, CD-ROM), printed and/or display form. I understand that the Material and the copyright therein is and will remain the sole property of the Girl Guides. I further waive any claim to remuneration for any and all use of Material by the Girl Guides for these purposes.

Signed: _____ Date _____
(Parent/Guardian if under age 18)

LINK activities usually start in early September so contact your Area LINK Contact Adviser right away. You don't want to miss out on the fun! If you don't know the name of your LINK Contact Adviser, please contact the Area Commissioner or the local Guide office or shop (usually listed in the phone book under Girl Guides of Canada). They will point you in the right direction.

If you would like to register with _____ Area, please return the application to:

Please make cheques payable to: **Girl Guides of Canada**, _____