



Gals Going Global

MEMBERSHIP FORM

NAME _____ DATE _____

ADDRESS _____ STATE _____ ZIP _____

PHONE # _____ CELL PHONE # _____

EMAIL _____ BIRTH DATE- (Month/DaY/year) ____/____/____

HOW DID YOU HEAR ABOUT US _____

DESTINATIONS YOU WOULD LIKE TO VISIT _____

EMERGENCY CONTACT:

NAME _____

HOME PHONE # _____ CELL PHONE # _____

ADDRESS _____

EMAIL _____ RELATIONSHIP _____

Facebook name: _____

MEMBER PHOTO REQUIRED FOR DIRECTORY- Some pictures may be taken at Gatherings

APPROVE FOR RELEASE OF PICTURE FOR PHOTO DIRECTORY: _____

PLEASE SUBMIT YOUR MEMBERSHIP FORM & CHECK PAYMENT MADE OUT TO GALS GOING GLOBAL

FOR THE \$100 MEMBERSHIP FEE & MAIL TO:

**GALS GOING GLOBAL
1430 COUNTRY MANOR BLVD, SUITE #1
BILINGS, MT 59102**