Girl Scouts of Southeastern Michigan
Council Service Unit Delegate and Alternate Form

Service Unit #: ______________________ Service Unit Manager: ______________________
Troop Support Specialist: ______________________

PLEASE FILL OUT COMPLETELY

Delegate

1. Name: ____________________________________________
Home Address: ______________________________________
City: ____________________________ State: _____ Zip: _______
Home phone: ( ) _____________ Cell ( ) _____________ Email: ________________
☐ Girl Member ☐ Adult Member

2. Name: ____________________________________________
Home Address: ______________________________________
City: ____________________________ State: _____ Zip: _______
Home phone: ( ) _____________ Cell ( ) _____________ Email: ________________
☐ Girl Member ☐ Adult Member

Alternates

3. Name: ____________________________________________
Home Address: ______________________________________
City: ____________________________ State: _____ Zip: _______
Home phone: ( ) _____________ Cell ( ) _____________ Email: ________________
☐ Girl Member ☐ Adult Member

4. Name: ____________________________________________
Home Address: ______________________________________
City: ____________________________ State: _____ Zip: _______
Home phone: ( ) _____________ Cell ( ) _____________ Email: ________________
☐ Girl Member ☐ Adult Member

Please EMAIL Katrina Palmer at kpalmer@gssem.org, FAX to 313-870-2600 (Attn: Council Relations) -OR- MAIL this completed form to GSSEM, Attn: Council Relations, 1333 Brewery Park Blvd, Suite 500, Detroit, MI 48207

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