



Girl Scouts®

Girl Scouts – Homestead Council Girl Scout Alumnae Questionnaire

Please Print:

Name _____

Address _____

Phone Daytime _____ **Evening** _____

Employer _____

Current Position _____

Membership Dates: 19 ____ to 19 ____

Where were you living at the time of your membership?

City _____ **Council** _____

Did you earn your : **Golden Eaglet** _____ **Curved Bar** _____

If yes, what year: **First Class** _____ **Gold Award** _____

Current e-mail address: _____

Do you feel Girl Scouting has influenced your life? How?

Do you have any special memories you would like to share with us?

Do you know other Women of Distinction who were Girl Scouts?

Name _____ **Mailing Address** _____



Girl Scouts – Homestead Council
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