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# GIRLGUIDING NATIONAL COUNCIL BIOGRAPHICAL DETAILS

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| --- | --- |
| Country or Region |  |
| Name of person submitting the form |  |
| Full name of new Council member |  |
| Membership Number |  |
| D.O.B. |  |
| Email address  |  |
| Please give a biography of no more than 400 words that you would be happy to be available to the public:  |
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