



Minnesota Law Enforcement Explorer Association

Explorer Post Membership Form

New Member ____ Renewal ____

2019 Membership Fee: \$ 100.00

Post Name: _____ Post # _____

Sponsor's Name: _____

Sponsor's Address: _____

Sponsor's Phone: _____ Sponsor's Fax: _____

Sponsor's E-mail: _____ Head of Agency's Name: _____

Post Advisor's Name: _____

Advisor's Phone: _____ Advisor's Work Phone: _____

Advisor's E-mail: _____

Post Associate Advisors:

Name: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Name: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Name: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Membership dues may be paid by check or credit card (Visa, Master Card)

Account Holders Name: _____ Type of Card: Visa ____ MasterCard ____

Account #: _____ Expiration Date: _____ Security Code: _____

Authorized Amount: \$ _____