



# Minnesota Law Enforcement Explorer Association

## Explorer Post Membership Form

New Member \_\_\_\_ Renewal \_\_\_\_

2020 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: \$ \_\_\_\_\_