

# Learning for Life Explorer Post Application

Print one letter in each space—leave a space between words.



Region   Council no.

Org. Code   Full name of participating organization

District no.   District name

Address of participating organization

City    State   Zip code       County

Executive officer: first name    Middle name   Last name    Date of birth       Sex

Address

City    State   Zip code       Phone number

Effective date     Terms (months)     Expire date (month and year)       Post number

Special interest code  Special interest description

Number	Explorer (youth) fees	\$	<input type="text"/>
	Adult fees	\$	<input type="text"/>
	Application for participation	\$	20.00
	Total cost	\$	<input type="text"/>

Retain on file for three years.

Signature of organization head or designee

Signature (for the council)

