

## New Post/Club 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  Special needs, if applicable

City  State  Zip code  County

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

Address  Email

City  State  Zip code  Phone number

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

Special interest code  Special interest description

Signature of executive officer or designee by the executive officer  Signature of Exploring representative for the local office

524-565 April 2016 Printing

Youth fees	\$	
Adult fees	\$	
Unit Liability Insurance Fee	\$	40.00
Total fees	\$	



Retain on file for three years.

Post/Club Copy