



Name _____ Birthdate _____
 Address _____ **Division** _____
 City _____ State _____ Zip Code _____ Email _____
 Home Phone _____ Business Phone _____
 Church _____ Church Phone _____
 Church Address _____ Outpost # _____
 Activities in church other than Royal Rangers _____

Present Royal Rangers Position

- Group Leader Outpost Coordinator Outpost Committee Adventure Ranger Pastor
 Asst. Group Leader Ass. Outpost Coordinator Outpost Chaplain Expedition Ranger

Membership Requirements

Boys Only

- Earn the following required skill merits: List date of completion for each
 - Camping: _____ First Aid Skills or First Aid/CPR: _____
- Graduate of the fifth grade? Y N Date of your 11th birthday: _____
- Are you an active member of your local chartered outpost? Y N

Leaders Only

- Complete the Ready and Safety Levels of the OLAL- Provide a copy of your Ready and Safety certificates with this application.
- Are you an active member of your local Chartered Outpost? Y N
- Are you presently a member in good standing in your church? Y N

Boys and Leaders

- Complete a Frontier Adventure.

Upon receipt of this application and fee, your chapter scribe will contact you concerning the date and location of the next Frontier Adventure.

PASTOR'S ENDORSEMENT/COMMENTS

Does the candidate live his life in a Christ-like manner? Please explain:

Pastor's Signature _____ Date: _____

Phone: _____ Email: _____

OUTPOST COORDINATOR'S ENDORSEMENT/COMMENTS

Outpost Coordinator's Signature _____ Date: _____

Phone: _____ Email: _____

Sponsor's Signature _____ Date: _____

Phone: _____ Email: _____

"Realizing that the goal of the Royal Rangers ministry is to evangelize, equip, and empower the next generation of Christ-like men and life long servant leaders, and that the Frontiersmen Camping Fellowship upholds this area in its fullness, and agreeing to live by the ideals set forth in the above requirement, I hereby submit my application for membership."

Applicant's Signature: _____ Date: _____

Application Fees: (determined by chapter) _____

Mail application and fee to: _____

Application Fee for membership -enclosed with this application 30.00 -NO CASH PLEASE -Please mail check or money order payable to: (Southern MO District A/G - FCF), with this completed form to:
Mark Jones 2502 S.14th Street, Ozark, MO 65721, Email: markjonesranger@hotmail.com Phone: 417-343-0463

Date received:	Amount paid:	Date information letter mailed:



