



2018 Membership Form

Type or Print Clearly in ink

Do Not Abbreviate City, County, Street or State Names

Date _____ Current Member ID# _____ Email _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code+4 _____

Phone No _____ County of Residence _____

Club Name _____ Club County _____

Family Membership: (Please list) Spouse Name _____

Dependent Child(ren) _____

Dues	Individual	Family	Senior (80+ years)	Youth 18 and under	National FCE Donation
National	\$ 20.00	\$ 30.00	\$16.50	\$ 5.00	
State	\$8.00	8.00	8.00	8.00	
Council/County/Parish					
Club					
Suggested Donation Newsletter	4.00	4.00	4.00	4.00	
Suggested Donation Website	1.00	1.00	1.00	1.00	
Total					

Sign and send with total membership dues to Club Treasurer by _____

New Member (Never belonged to FCE before)

Member Signature _____

Must be original signature, copies will not be accepted

Mission... To strengthen individuals, families, and communities
through continuing education, developing leadership, and community action.