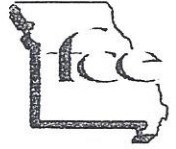




National Association For
Family & Community Education



2019 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 Under 18	Donations
National	\$20.00	\$30.00	\$16.50	\$ 5.00	
State	\$6.00	\$9.00	\$4.80	\$5.00	
Council/County/Parish	\$ 1.00	\$1.00/mem	\$ 1.00		
Club					
Total					

Sign and send with total membership dues to Club Treasurer by Oct. 10

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.