



2025 Membership Form

TYPE OR PRINT CLEARLY IN BLACK INK
 Do Not Abbreviate Street Names, City, County, or State

Date _____ Current Member ID# KS - _____ - ____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code +4 _____

Email _____ Phone/Cell# _____

Club/Unit's Name _____ Club/Unit's County _____

Family Membership (Please list): Spouse Name _____

Dependent Child (ren) _____

Dues	Individual Member	Family Membership	Senior Member (80+ years)	Youth Member (Under 18)	Kansas Information Area (Circle One):
National	\$35.00	\$45.00	\$31.50	\$5.00	NE NW SC SE SW
State	\$10.00	\$20.00	\$10.00	0	Birth Date (MM/DD/YYYY)
Council/County					Date joined
Club/Unit					Date dropped
Donation to KAFCE *					Date re-joined
Donation to NAFCE *					Years of Membership in 2025
Donation to ACWW *					
Total Amount Enclosed					

*Refer to the Dues and Contribution Report Form list of choices that you may choose to support
 Sign and send with total membership dues to Club/Unit Treasurer by _____

Member Signature _____
 Must be an original signature, copies will not be accepted

PLEASE INDICATE: (Check all that Apply)

- Independent Member** (Does not belong to a FCE Unit) County of Residence _____
- New Member (Never belonged to FCE before) Change of address, etc.
- Re-joined Member (Have not belonged for a time) Club President - 2025
- County Council President - 2025

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