



2024 Membership Form

TYPE OR PRINT CLEARLY IN BLACK INK

Do Not Abbreviate Street Names, City, County, or State

Date	Current Member ID <u>#</u>				
First Name		M.I	_ Last Nam	ne	
Mailing Address					
City		State		Zip Code	+4
EmailPhone/Cell NO					
Club/Unit Name			Club/Unit County		
Family Membership: (Please list)	Spouse Name			
Depender	nt 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 2024
Donation to ACWW*					
Total Amount Enclosed					

Sign and send with total membership dues to **DeLores Walden** 5720 SE Paulen Road, Berryton, KS 66409-9400 (785) 379-0666 <u>wintersdj1@cox.net</u>

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) _____Re-joined Member (Have not belonged for a time)

Mission...To strengthen individuals, families, and communities

through continuing education, developing leadership, and community action.