



2027 MEMBERSHIP FORM

Type or Print Clearly

Do Not Abbreviate City, County, or State Street Names

Date _____ Current Member ID # _____ E-Mail _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Council _____ Club Name _____

Phone No. _____

Family Membership: (Please list) _____ Spouse Name _____

Dependent Child(ren) _____

<i>Dues</i>	<i>Regular</i>	<i>Family</i>	<i>Senior</i>	<i>Youth</i>
			<i>(80+ years)</i>	
National	\$ 35.00	\$ 45.00	\$ 31.50	\$ 5.00
State	8.00	8.00	8.00	8.00
Council/County/Parish				
Club				
Legacy Fund/Donation				
Suggested OrFCE-Newsletter donation	4.00			
Suggested OrFCE-Website donation	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.