



SWFCE

2026 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 (80+ years)</i>	<i>Youth</i>
<b>National</b>	\$ 35.00	\$ 45.00	\$ 31.50	\$ 5.00
<b>State</b>	\$ 10.00	\$ 10.00	\$ 10.00	\$ -
<b>Legacy Fund</b>				
<b>TOTAL</b>				

Sign & send with total membership dues made out to AZFCE to State Treasurer by 10/1/25

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.