National Association For Family & Community Education

# NATIONAL FCE BOARD ALUMNI

## MEMBERSHIP FORM-20___

*(TYPE OR PRINT CLEARLY)*

Date:_____

Name:_____

Address: .....

Street City State Zip Code

Phone#:_____Email:_____

Years served (optional)_____

**NATIONAL FCE BOARD ALUMNI DUES** ***(Due September 1st*** **$25 per year** $____ _

**ALUMNI SCHOLARSHIP FUND**

Donation

$

All money in the Scholarship Fund will go toward the First Timers Annual Conference Scholarships. If you would like your donation to be in remembrance of or for someone special, please fill out their name and address.

*Name & address ofperson(s) remembered living or deceased or those you want to thank or to someone special. A note will be sent to them saying "donation will go to Scholarships for Conference".*

Name: _____

Address: _ _ _ _ _ _ _ _ _ _ _ _ _ _

City:_____

State:_____Zip Code:____ _

Total $.....

*MAKE CHECK TO:* **NAFCE BOARD ALUMNI**

***MAIL* TO:** **Susan Martell, 8851 N. Oracle Rd. # 179, Oro Valley, AZ 85704**

TOTAL OF CHECK: $_____

TOTAL OF CASH: $__ __ __ __ __ _____

ALUMNI MEMBER SIGNATURE

Revised 4-19-2024