National Association For
Family & Community Education

2027 MEMBERSHIP FORM

State of Tennessee

*****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 _____

County council _____ Club Name _____

Phone No. _____

Family Membership: (Please list) Spouse Name _____

Dependent Child(ren) _____

Dues	*Regular*	*Family*	*Senior (80+ years)*	*Youth*
National	$ 35.00	$ 45.00	$ 31.50	$ 5.00
Legacy Fund				
TOTAL				

Sign and send with total membership dues to Club Treasurer by _____ 1-Sep

New Member (Never belonged to NAFCE 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.