



2025 MEMBERSHIP DUES FORM

Type or Print Clearly

Do Not Abbreviate City, County or State Street Names

MEMBERS: If there are any changes, please place an * to signify the changes.
 (example: individual to senior, or individual to family, address, etc.)

PLEASE TYPE OR PRINT: Date: _____

Current Member ID # _____ Council _____ Club Name _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ 9-Digit Zip Code _____ - _____

Phone # (____) _____ Email address _____

Family Membership: (please list) Spouse or another adult name _____

Dependent child(ren) _____

The above information will be shared within the Family and Community Education organization.

Joining as a member of National FCE, a state association is not available for me to join or participate in locally, I wish to support the National FCE organization.

Dues	Individual	Family	Senior (80+ yrs.)	Youth (18 and under)
National	\$35.00	\$45.00	\$31.50	\$5.00
Donations (Example- Legacy Fund)	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

Sign and send this form with membership dues to National FCE Headquarters by November 31, 2024

National FCE Headquarters
 73 Cavalier Avenue, Blvd Suite 106
 Florence, KY 41042

New member (never belonged to FCE before) place "X" in box

Member Signature _____ Date _____
 Must be original signature, copies will not be accepted.

MISSION: To strengthen individuals, families, and communities through continuing education, developing leadership, and community action