National Association For Family & Community Education

2027 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 of current year**

National FCE Headquarters
PO Box 642
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

Revised 8-18-26 sft