



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 \$ _____
Name & address of person(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 \$ _____
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.

MAKE CHECK TO: NAFCE BOARD ALUMNI

MAIL TO: Susan Martell, 2175 E Jonquil St, Oro Valley, AZ 85755

TOTAL OF CHECK: \$ _____

TOTAL OF CASH: \$ _____

ALUMNI MEMBER SIGNATURE