



2024 MEMBERSHIP FORM

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 _____

Council _____ Club Name _____

Phone No. _____

Family Membership: (Please list) Spouse Name _____

Dependent Child(ren) _____

<i>Dues</i>	<i>Regular</i>	<i>Family</i>	<i>Senior (80+ years)</i>	<i>Youth</i>
National	\$ 35.00	\$ 45.00	\$ 31.50	\$ 5.00
State	\$ 3.50	\$ 7.00	\$ 3.50	
Council/County/Parish	\$ -	\$ -	\$ -	
Club				
Legacy Fund (donation)				
TOTAL	\$ 38.50	\$ 52.00	\$ 35.00	

Sign and send (check to MDAFCE) with total membership dues to Membership chair by _____

Jeanne Gillis 101 Rollings Rd Gaithersburg Maryland 20877-2043 (301-926-1038)

New Member (Never belonged to FCE 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.