National Association For Family & Community Education

2027 MEMBERSHIP FORM

*****Type or Print Clearly*****

*****Do Not Abbreviate City, County, or State Street Names*****

If there are any changes, please place an * to signify the changes

Date _____ Current Member ID # _____ E-Mail _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ 9-Digit Zip Code _____

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
State	$8.00	$8.00	$8.00	$8.00
District				
Council/County/Parish				
Club				
Council Keynotes Mailed ($5.00)	$5.00	$5.00	$5.00	$5.00
Donations (i.e., Legacy Fund)				
Total				

If you have been awarded Honorary Life Status, you may deduct StateDues and put HL

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

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.