



2021 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	\$ 30.00	\$ 40.00	\$ 26.50	\$ 5.00
State				
Council/County/Parish				
Club				
TOTAL				

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.