TAFCE
Tennessee Association for Family & Community Education

Date: ________________________________

County: ______________________________

THIS FORM IS TO BE SENT TO THE WESTERN REGION TREASURER ALONG WITH A CHECK FOR DUES AND MEMBERSHIP LISTS NO LATER THAN: OCTOBER 1, 2018

Number of Clubs in the County: _______

Number of Club Members in the County: _______

    Amount of dues paid @ $4.00 per member: _______

Number of National Members (NAFCE) in the county: _______

    Amount of NAFCE dues paid @ $20.00: _______

    Amount of NAFCE dues paid @ $16.50: _______
        (Over 80 years old)

    Amount of NAFCE dues paid @ $30.00: _______
        (Family Membership)

    Amount of NAFCE dues paid @ $5.00: _______
        (Youth)

    Total Amount of NAFCE dues paid: _______

    (Original copy of membership form must be sent for all National Members)

Attach 2019 membership forms for each member and send this form with the TAFCE member list (2 copies listed alphabetically), and the National Members Form, signed by member to:

Sheryl Butcher, Western Region FCE Treasurer
623 Stonewall Lane
Clarksville, TN 3040
Email: Sheryl.butcher@yahoo.com

Make checks payable to Western Region TAFCE