



2019 Membership Form
*****Type or Print Clearly in ink*****

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

Date _____ Current Member ID# _____ Email _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State Maryland _____ Zip Code+4 _____

Phone No _____ County of Residence _____

Club Name _____ Club County _____

Family Membership: (Please list) Spouse Name _____

Dependent Child(ren) _____

Dues	Individual	Family	Senior (80+ years)
National	\$ 20.00	\$ 30.00	\$16.50
State	3.50	7.00	3.50
Council/County/Parish			
Club			
NAFCE Donation for Liability Insurance (Suggested \$7.00)			
Total			

Sign and send with total membership dues to Club Treasurer by **September 30, 2018**

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.