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|  |  | **2023 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 Maryland\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |  |  |
| Council \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Family Membership: (Please list) | Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
|  |  | Dependent Child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
|  | ***Dues*** | ***Regular*** | ***Family*** | ***Senior*** | ***Youth*** |  |
|  |   |  |  | ***(80+ years)*** |   |  |
|  | **National** |  $ 35.00  |  $ 45.00  |  $ 31.50  |  $ 5.00  |  |
|  | **State** |  $ 3.50  |  $ 7.00  |  $ 3.50  |   |  |
|  | **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. |  |  |