



2026 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) _____

| <i>Dues</i> | <i>Regular</i> | <i>Family</i> | <i>Senior (80+ years)</i> | <i>Youth</i> |
|------------------------------|-----------------------|----------------------|--------------------------------------|---------------------|
| 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 _____
Jeanne Gillis 101 Rolling Road Gaithersburg MD 20877-2043

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.