



**2025 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</i>	<i>Youth</i>
			<i>(80+ years)</i>	
<b>National</b>	\$ 35.00	\$ 45.00	\$ 31.50	\$ 5.00
<b>State</b>	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
<b>Council/County/Parish</b>				
<b>Club</b>				
<b>Legacy Fund/Donation</b>				
<b>TOTAL</b>				

**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.