

**APPLICATION FORM FOR YEARS OF**

**FCE** (group) **RECOGNITION**

***PRESENTED IN THE YEAR THAT IT IS ACHIEVED!***

**APPLYING FOR: (**Circle Year**) 5 10 15 20 25 30 35 40 45 50 55 60 65 70**

**75 80 85 90 95 100 105 110…(in 5 year increments)**

FCE Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County\_\_\_\_\_\_\_\_\_\_\_\_\_ Area (circle) NE NW SC SE SW

Name of FCE Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_-

Street/PO Box #

City/State Zip + 4

Original Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Chartered \_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Re-chartered\_\_\_\_\_\_ to \_\_\_\_\_\_\_

**Please list (3) outstanding accomplishments.**

1.

2.

3.

**APPLICANT-** Send to County FCE Council President by October 1, 2021.

\***County Council PRESIDENT**: Send to KAFCE Area Director by November 1, 2021.

\* Refer to KAFCE Roster for Name & Address of each Area Director

**KAFCE AREA DIRECTOR:** Send forms to KAFCE Registrar by December 1, 2021.

## KAFCE Registrar: DeLores Walden, 5720 SE Paulen Road, Berryton, KS 66409-9400

*(Revised 08/01/2019)*