**2024 Membership Form**

\*\*\*TYPE OR PRINT CLEARLY IN BLACK INK\*\*\*

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

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Member ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_**Zip Code +4**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/Cell NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club/Unit Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club/Unit County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Membership**: (Please list) Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dependent Child (ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dues** | **Individual****Member** | **Family****Membership** | **Senior****Member****(80+ years)** | **Youth** **Member****(Under 18)**  | **Kansas Information****Area** (Circle One): |
| National | $35.00 | $45.00 | $31.50 | $5.00 | NE NW SC SE SW |
| State | $10.00 | $20.00 | $10.00 | 0 | Birth Date (MM/DD/YYYY) |
| Council/County |  |  |  |  | Date joined |
| Club/Unit |  |  |  |  | Date dropped |
| Donation to **KAFCE** \* |  |  |  |  | Date re-joined |
| Donation to **NAFCE\*** |  |  |  |  | **Years of Membership in 2024** |
| Donation to **ACWW\*** |  |  |  |  |  |
| Total Amount Enclosed |  |  |  |  |  |

\*Refer to the Dues and Contribution Report Form list of choices that you may choose to support

Sign and send with total membership dues to Club/Unit Treasurer by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be an original signature, copies will not be accepted

**PLEASE INDICATE: (Check all that Apply)**

\_\_\_\_ **Independent Member** (Does not belong to a FCE Unit) County of Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_New Member (Never belonged to FCE before) \_\_\_\_Change of address, etc.

\_\_\_\_Re-joined Member (Have not belonged for a time) \_\_\_\_Club President - 2024

 \_\_\_County Council President - 2024

*Mission…To strengthen individuals, families, and communities*

 *through continuing education, developing leadership, and community action.*