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|  |  | **2024 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** | $ 3.00 | $ 6.00 | $ 3.00 |  |  |
|  |  |  |  |  |  |  |
|  | **TOTAL** | $ 41.50 | $ 58.00 | $ 38.00 |  |  |
|  |  |  |  |  |  |  |
| **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. | | | |  |  |