



2010 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) _____

(Circle Type of Membership)

Dues	<i>Individual</i>	<i>Family</i>	<i>Sen/or (80* years)</i>
National	\$ 16.50	\$ 24,50	\$ 13.20
State	\$ 4.00	\$ 8.00	\$ 4.00
Council/County/Parish			
Club			
TOTAL			

Sign and send with total membership dues to Club Treasurer by September 30, 2009.

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