



Kansas Association For Family & Community Education

**APPLICATION FORM FOR YEARS OF MEMBER RECOGNITION**

**Applying for: (Circle year) 25 50 55 60 65 70 75 80 85**

Member Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

NAFCE ID# \_\_\_\_\_ Phone \_\_\_\_\_

Area (circle) NE NW SE SC SW

List name(s) of FCE(s) you have belonged to, county and state where FCE(s) was located. List the years you have belonged to each FCE.

FCE Name	County	State	Years of membership
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

**Please share some special FCE memories.**

**APPLICANT** – Send to County FCE Council President by October 1.  
**COUNTY COUNCIL PRESIDENT** – Send to KAFCE Area Director by November 1.  
**KAFCE AREA DIRECTOR** – Send a list of names (**not the forms**) to KAFCE Registrar by December 1.  
*(Revised 11/2005)*