



Kansas Association For
Family & Community Education

**APPLICATION FORM FOR YEARS OF
FCE GROUP RECOGNITION**

APPLYING FOR: (Circle Year) **25 50 55 60 65 70 75 80**

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

Name of FCE Contact _____ Phone _____

Address of FCE Contact _____ Zip Code _____

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.
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)