**2026 Membership Form**

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

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

Date \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Current Member ID# **KS** - \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ **-** \_\_\_\_ (I, F, or S)

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

Mailing Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code +4

Email \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone #

FCE Unit’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ FCE Unit’s County \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

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

***Family Membership***:

Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date joined Birth Date

Dependent Child(ren) Date joined Birth Date

Dependent Child(ren) Date joined Birth Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dues** | **Individual**  **Member**  **(I)** | **Family**  **Membership (F)** | **Senior**  **Member\*\***  **(S)** | **Youth**  **Member** | **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) |
| County Council |  |  |  |  | Date joined |
| Unit |  |  |  |  | Date dropped |
| Donation to **KAFCE** \* |  |  |  |  | Date re-joined |
| Donation to **NAFCE\*** |  |  |  |  |  |
| Donation to **ACWW\*** |  |  |  |  | **Years of Membership in 2026** |
| **Total Amount Enclosed** |  |  |  |  |  |

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

\*\*Senior membership fee applies to a person who is 80 or more years by December 31, 2025.

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

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

Must be an original signature, copies will not be accepted

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

\_\_\_\_ New Member (Never belonged to FCE before) \_\_\_\_ Change of address, etc.

\_\_\_\_ Re-joined Member (Have not belonged for a time) \_\_\_\_ FCE Unit President - 2026

\_\_\_\_ County FCE Council President - 2026

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

*through continuing education, developing leadership, and community a*