

**APPLICATION FORM FOR YEARS OF**

**MEMBERSHIP RECOGNITION**

**May be continuous or a combination of years**

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| **PRESENTED IN YEAR THAT IT IS ACHIEVED!****Applying for: (**Circle year) **5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100…(in 5 year increments)**  |

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

Street/PO Box #

City/State Zip Code + 4

FCE ID# Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area (circle only one) NE NW SC SE SW

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

List the years you belonged to each FCE.

FCE Name County State Years of membership

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** to **\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_** to **\_\_\_\_\_\_\_\_**

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**Please share some special FCE memories.**

**APPLICANT –** Send to County FCE Council President by October 1, 2021.

## \*County Council PRESIDENT – Send to KAFCE Area Director by November 1, 2021.

\* Please refer to 2021 KAFCE Roster for Name & Address of each Area Director

**KAFCE AREA DIRECTOR** – Send **form(s**) to KAFCE Registrar by December 1, 2021.

**KAFCE Registrar**: DeLores Walden, 5720 SE Paulen Road, Berryton, KS 66409-9400

*Revised 8/01/2019*