**2025 Membership Form**

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

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Member ID# KS - \_\_ \_\_ \_\_ \_\_ - \_\_

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

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Club/Unit’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club/Unit’s County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Membership (Please list): Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependent Child (ren)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dues** | **Individual**  **Member** | **Family**  **Membership** | **Senior**  **Member**  **(80+ years)** | **Youth**  **Member**  **(Under 18)** | **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) |
| Council/County |  |  |  |  | Date joined |
| Club/Unit |  |  |  |  | Date dropped |
| Donation to **KAFCE** \* |  |  |  |  | Date re-joined |
| Donation to **NAFCE\*** |  |  |  |  | **Years of Membership in 2025** |
| Donation to **ACWW\*** |  |  |  |  |  |
| Total Amount Enclosed |  |  |  |  |  |

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

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

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

Must be an original signature, copies will not be accepted

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

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

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

\_\_\_\_ Re-joined Member (Have not belonged for a time) \_\_\_\_ Club President - 2025

\_\_\_\_ County Council President - 2025

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

*through continuing education, developing leadership, and community action.*