



SWFCE

2027 MEMBERSHIP FORM

Type or Print Clearly

Do Not Abbreviate City, County, or State Street Names

Date _____ Current Member ID # _____ E-Mail _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Council _____ Club Name _____

Phone No. _____

Family Membership: (Please list) _____ Spouse Name _____

Dependent Child(ren) _____

Dues	Regular	Family	Senior (80+ years)	Youth
National	\$ 35.00	\$ 45.00	\$ 31.50	\$ 5.00
State	\$ 10.00	\$ 10.00	\$ 10.00	\$ -
Legacy Fund				
TOTAL				

New Member (Never belonged to FCE before) ☐

Member Signature _____

Must be original signature, copies will not be accepted.

MISSION...To strengthen individuals, families, and communities through continuing education, developing leadership, and community action.