



SWFCE

**2024 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) \_\_\_\_\_

<i>Dues</i>	<i>Regular</i>	<i>Family</i>	<i>Senior (80+ years)</i>	<i>Youth</i>
National	\$ 35.00	\$ 45.00	\$ 31.50	\$ 5.00
State	\$ 10.00	\$ 10.00	\$ 10.00	\$ -
Council/County/Parish				
Club				
Legacy Fund				
<b>TOTAL</b>				

Sign & send with total membership dues made out to SWFCE/AZFCE to State Treasurer\* by 10/1/23

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.

\*Susie Martell