



TENNESSEE FCE

2010 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>Individual</i>	<i>Family</i>	<i>Senior (80+ years)</i>
National	\$ 16.50	\$ 24.50	\$ 13.20
State			
Council/County/Parish			
Club			
TOTAL			

Sign and send with total membership dues to Club Treasurer by _____

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.

