



SWFCE

2025 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	\$ -
Legacy Fund				
TOTAL				

Sign & send with total membership dues made out to AZFCE to State Treasurer* by 10/1/24

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