



**APPLICATION FOR 50 PLUS\*\* YEAR FCE MEMBER CERTIFICATE**

Name \_\_\_\_\_  
(Print or type **EXACTLY** as you want it to appear on certificate.)

Address:

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Study Group Name \_\_\_\_\_

When did you first join? \_\_\_\_\_ Where? \_\_\_\_\_

Name of first study group \_\_\_\_\_

How many study groups have you belonged to? \_\_\_\_\_

Have you been a member of a FCE group in another state? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where and when? \_\_\_\_\_ (years) \_\_\_\_\_

**Highlights of your FCE membership**

Do you have any interesting stories of study group lessons, events or programs you can share with us?

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return this form to:**  
Oregon FCE President

