



2020 Membership Form
*****Type or Print Clearly in ink*****

*****Do Not Abbreviate City, County, Street or State Names*****

Date _____ Current Member ID# _____ Email _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____

Zip Code+4 _____ Phone No _____

Council _____ Club Name _____

Family Membership: (Please list) Spouse Name _____

Dependent Child(ren) _____

<i>Dues</i>	<i>Individual</i>	<i>Family</i>	<i>Senior (80+ years)</i>
National	\$ 25.00	\$35.00	\$21.50
State	\$8.00	8.00	8.00
Council/County			
Club			
Suggested Donation Oregon FCE Newsletter	4.00	4.00	4.00
Suggested Donation Oregon FCE Website	1.00	1.00	1.00
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.