Florida Association for Home and Community Education (FAHCE)

Membership Registration Form – Please Print

Application Date: ________________________________

Name: _______________________________________ Birthday: Mo. _____ Day _____

Last First Initial

If Spousal Membership:

Name of Spouse: ______________________________________ Birthday: Mo. _____ Day _____

Address: _______________________________________

City/State: ____________________________ Zip Code: ____________________________

County: ______________ District: __________ Club Name: ____________________________

Email: ____________________________ Phone: ____________________________

Ethnic Group: Caulcasion ______ African ______ American ______ Hispanic ______ Asian ______ Native American ______

New Member _______ Returning Member _______

Do you have prior HCE membership years? No _______ Yes _______ If yes, Where: _______

How many years?

Dues Paid: Club $____ County $____ District $____ State $____ Total $____

Educational Interests: (Please state your areas or interest that you would like more information about)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How did you hear about this organization:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Note: Place Club Name on proper line before duplicating form. Send copies of this form to State Treasurer and the State Vice-President.