



APPLICATION FORM FOR YEARS OF

FCE (group) RECOGNITION

PRESENTED IN THE YEAR THAT IT IS ACHIEVED!

**APPLYING FOR: (Circle Year) 5 10 15 20 25 30 35 40 45 50 55 60 65 70
75 80 85 90 95 100 105 110...(in 5 year increments)**

FCE Name _____ County _____ Area (circle) NE NW SC SE SW

Name of FCE Contact _____ Phone (____) ____ - _____

Street/PO Box # _____

City/State _____ Zip + 4 _____

Original Name _____ Year Chartered _____ to _____

Name _____ Year Re-chartered _____ to _____

Please list (3) outstanding accomplishments.

1.

2.

3.

APPLICANT- Send to County FCE Council President by October 1, 2020.

***COUNTY COUNCIL PRESIDENT:** Send to KAFCE Area Director by November 1, 2020.

* Refer to KAFCE Roster for Name & Address of each Area Director

KAFCE AREA DIRECTOR: Send forms to KAFCE Registrar by December 1, 2020.

KAFCE Registrar: DeLores Walden, 5720 SE Paulen Road, Berryton, KS 66409-9400

(Revised 08/01/2020)