



**APPLICATION FORM FOR YEARS OF MEMBERSHIP RECOGNITION**

**May be continuous or a combination of years**

**PRESENTED IN 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...(in 5 year increments)**

Member Name \_\_\_\_\_ County \_\_\_\_\_ Area (circle) NE NW SC SE SW

Street/PO Box # \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

FCE ID# \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

List name(s) of FCE(s) you have belonged to and the county & state where FCE(s) was located. List the years you belonged to each FCE.

FCE Name	County	State	Years of membership
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

**Please share some special FCE memories.**

**APPLICANT** – Send to County FCE Council President by October 1, 2020.  
**\*COUNTY COUNCIL PRESIDENT** – Send to KAFCE Area Director by November 1, 2020.  
 \* Please refer to 2020 KAFCE Roster for Name & Address of each Area Director  
**KAFCE AREA DIRECTOR** – Send **form(s)** to KAFCE Registrar by December 1, 2020.  
**KAFCE Registrar:** DeLores Walden, 5720 SE Paulen Road, Berryton, KS 66409-9400  
*Revised 8/01/2020*