

FLORIDA ASSOCIATION FOR HOME AND COMMUNITY EDUCATION MEMBERS CORRECTIONS, DELETIONS AND ADDITIONS FORM

DATE: _____ COUNTY _____ DISTRICT _____

NAME OF MEMBER

CORRECTIONS:

ADDRESS

CITY

STATE

ZIP CODE

CLUB NAME

From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

MEMBER DELETIONS:

**No. Of
Prior
Yrs. a
Member**

ADDITIONS:

Submit this form along with a new state form when adding a new member during the year.
Send this form along with your check payable to FAHCE, Inc. to the State Treasurer. Send a copy of the form to the State Vice-President. Keep a copy for your county treasurer and membership chairman.
State Dues \$4.00