

**FLORIDA ASSOCIATION FOR HOME AND  
COMMUNITY EDUCATION  
(FAHCE)**

**Membership Registration Form**

Please Print \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Birthday: Mo. \_\_\_ Day \_\_\_  
Last First Initial

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

District \_\_\_ County \_\_\_ Club Name \_\_\_\_\_

Ethnic Group: Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Native American \_\_\_

New Member \_\_\_ Returning Member \_\_\_

Do you have prior HCE membership years? \_\_\_ 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

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Where or how did you first 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.

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