



South Carolina Family and Community Leaders

Date _____

Membership Form B

_____ County _____ District

State FCL Treasurer: Mail an **alphabetical list of members** with address, e-mail address and phone numbers, **Form B** with all NEW or RENEWING members and **Form A** with your county **check** for \$4 per member, on or before January 15th".

State Membership Database Coordinator: .Mail one copy of **Form A**, **Form B** and **Form C** on or before January 15th.

County Extension Office: Retain copy of **Form A**, **Form B** and **Form C** for the County Extension Office file.

County Treasurer: Retain copy of **Form A**, **Form B** and **Form C** for your file.

TREASURER _____

CLUB NAME _____

ADDRESS _____

NUMBER OF MEMBERS _____

TELEPHONE _____

NUMBER OF MEMBERS PAYING STATE DUES
IN THIS CLUB _____

Please print or type names in alphabetical order.

TOTAL AMOUNT ENCLOSED _____

Name and E-mail Address	New Member Yes/No	Mailing Address (include zip code)	Club Name	Phone (area code)	Employed		Race & Sex						Age Category				List name of club in which dues are paid
					Yes	No	W		B		O		20 - 35	36 - 50	51 - 65	66 & Over	
							M	F	M	F	M	F					
EX – Mrs. Jane Doe EX – janedoe@email.com		101 American Way, Capital 20001	Hilltop	000-000-0000	X										X		Sandy Run
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	



South Carolina Family and Community Leaders

Name and E-mail Address	New Member Yes/No	Mailing Address (include zip code)	Club Name	Phone (area code)	Employed		Race & Sex						Age Category				List name of club in which dues are paid
					Yes	No	W		B		O		20 - 35	36 - 50	51 - 65	66 & Over	
							M	F	M	F	M	F					
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	
16.																	
17.																	
18.																	