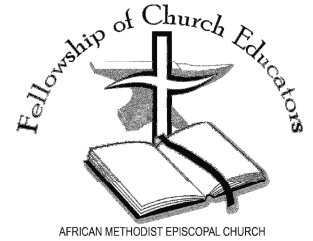


Fellowship of Church Educators
African Methodist Episcopal Church
– Membership Data Form –
Please Print Carefully



Title: Ms. Mrs. Mr. Rev. Dr.

First Name: _____

M. I.: _____

Last Name: _____

Membership: New FCE Current, Year Joined: _____

Please check all that apply:

() Laity

() Clergy

() Church School Teacher

() VBS Teacher

() Bible Study Teacher

() Church School Superintendent

() Local Church Director of Christian Education (DCE)

() Presiding Elder District (DCE)

() Annual Conference (DCE)

() Episcopal District (DCE)

Contact Information:

Address: _____

City: _____

State: _____ **Zip Code:** _____

E-mail Address:

Phone No.: _____

Alt. Phone No.: _____

Local Church Name: _____ **City:** _____ **St:** _____

Pastor: _____ **Presiding Elder:** _____

Episcopal District: _____ **Bishop:** _____

Emergency Contact:

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship: _____