

## INSTRUCTIONS FOR FCE TREASURERS

### CLUB TREASURERS:

Membership Forms: Club Treasurers are responsible for checking member forms to assure the following:

- Members have completely filled out the entire form correctly and legibly. Contact the member(s) for more information if forms are incomplete.
- Member forms must be signed by the member.
- Zip codes – use the 9 digit numbers which can be found on the website at [www.usps.com](http://www.usps.com) or check your junk mail.
- Membership number – can be found on newsletter or membership card
- Dues amounts are on the form, please check the correct items and check the addition
- “Family” membership – defined as spouse/adult member or children living in the same household. Do not submit a separate member form for each member. List the family member names on the membership form of the main member.
- Club Treasurer to complete the Council Treasurer Report form.
- Make a copy of the member forms for your file.
- Send the **original** member forms, Council Treasurer Report form and check payable to your Council Treasurer no later than October 1<sup>st</sup>.

### COUNCIL TREASURERS:

Membership Forms: Council Treasurers are responsible for checking member forms to assure the that the forms are correctly completed. Contact the club treasurers if forms are not legible or if form is incomplete.

- Make a copy of the membership forms for your file.
- Send **original** membership forms to the State Membership Chair before November 1<sup>st</sup>.
- Compile the club forms and submit a copy of the Council Treasurer Report form for the entire council to the State Membership Chair and to the Hawaii State Treasurer.
- Send State and National dues in one check made payable to “Hawaii FCE” to the Hawaii State Treasurer before November 1<sup>st</sup>

Send the Original Membership forms and a copy of the Council Treasurer’s Report to the Hawaii FCE Membership Chair (Revised 8/2025)

Hawaii FCE Membership Chair  
Patricia Kubo  
1450 Akialoa Place  
Kailua, HI 96734-4274

**HAWAII ASSOCIATION FOR FAMILY & COMMUNITY EDUCATION**  
**2026 CLUB/COUNCIL TREASURER'S REPORT** (revised 08/08/2025)

Date: \_\_\_\_\_

Council: \_\_\_\_\_ Club/Council Treasurer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ city/state \_\_\_\_\_ zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone: \_\_\_\_\_

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**NATIONAL DUES:** Year 2026

\_\_\_\_\_ Individual Members @ \$35.00 \$ \_\_\_\_\_

\_\_\_\_\_ 80+ Members @ \$31.50 \$ \_\_\_\_\_

\_\_\_\_\_ Families @ \$45.00 \$ \_\_\_\_\_

\_\_\_\_\_ Youth @ \$5 (18 &amp; under – not part of Family membership) \$ \_\_\_\_\_

Total NAFCE Dues: \$ \_\_\_\_\_

NAFCE Donations

Rural Women in Action (ACWW): \$ \_\_\_\_\_

Dollars for Leadership: \$ \_\_\_\_\_

Legacy Fund: \$ \_\_\_\_\_

Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL NAFCE dues/donations:** \$ \_\_\_\_\_

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**STATE DUES:** Year: 2026

\_\_\_\_\_ Individual Members @ \$15.00 \$ \_\_\_\_\_

\_\_\_\_\_ 80+ Members @ \$14.50 \$ \_\_\_\_\_

\_\_\_\_\_ Families @ \$20.00 \$ \_\_\_\_\_

\_\_\_\_\_ Youth @ \$2-(18 &amp; under – not part of Family membership) \$ \_\_\_\_\_

TOTAL HAFCE dues \$ \_\_\_\_\_

TOTAL HAFCE &amp; NAFCE DUES \$ \_\_\_\_\_

**Make check payable to: Hawaii FCE**

***Mail check to:***  
 Patricia Kubo  
 1450 Akialoa Place  
 Kailua, HI 96734

**DONATION SHEET** Revised 8/2025

(Use for donations received separate from those on membership forms)

**DONATIONS TO NATIONAL FCE**

Rural Women in Action (ACWW)	\$ _____
Dollars for Leadership	\$ _____
Legacy Fund	\$ _____
Other _____	\$ _____

TOTAL AMOUNT \$ \_\_\_\_\_ (check written to NAFCE)

**DONATIONS TO HAFCE** (for Educational Projects)

Total Amount - \$ \_\_\_\_\_ (check written to HAFCE)

Send NAFCE and HAFCE donation checks to:

Patricia Kubo  
 1450 Akialoa Place  
 Kailua, HI 96734

REQUEST FOR REIMBURSEMENT FORM: Revised 2/2025

Reimbursement requests from Hawaii FCE must be reported accurately on its form and accompanied by invoices or receipts from the vendor, as applicable. Submit to State Treasurer for reimbursement.

Reimbursements for Convention, or HAFCE VP & Education Chair Program Planning Meeting will be given during or after the meetings within 30-days.

**HAWAII ASSOCIATION for FAMILY and COMMUNITY EDUCATION  
REQUEST FOR REIMBURSEMENT**

TO: HAWAII FCE TREASURER Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Make check payable to: print in all capitals \_\_\_\_\_

(Note: Requests for reimbursements must be accompanied by an invoice or receipts from the vendor, as applicable)

Expense	VP/Edu planning Meeting	HAFCE Conference	Other	Describe "Other/ Explanation	Total
Airfare					
Hotel					
Meals					
Supplies					
Postage					
Education Materials					
Copies					
Printing					
<b>TOTALS</b>					

Signature: \_\_\_\_\_

Please attach receipts to the back and mail to: Patricia Kubo  
1450 Akialoa Place  
Kailua, HI 96734

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**For State Treasurer's Use Only**

Date Received: \_\_\_\_\_

Budget item: yes no Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Receipts attached: yes no Check no. \_\_\_\_\_ Date paid \_\_\_\_\_ Amt. paid \_\_\_\_\_