

Instructions for Completing Member Affiliation Form

Please use a blue or black ballpoint pen.

About the Chapter

- 1. LISTING OF MEMBERS:** Please attach 2 typed or computer-generated lists of members names in alphabetical order. Also indicate each member's grade number (i.e.: Senior=12, Junior=11), male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive.
- 2. CHAPTER DATA:** Complete with chapter ID, the chapter name, school name, address, city, state, zip code and four-digit zip code extension, telephone number, and fax number on the appropriate lines. Leave the chapter ID field blank if you are a new chapter, and instead check the "New Chapter" box. A number will be assigned when the affiliation is received at national headquarters. Please use the chapter identification number (ID) when contacting national headquarters.
- 3. CO-CURRICULAR:** Indicate if your chapter is co-curricular (a program that integrates FCCLA chapter activities into the FACS classroom program of study) by marking the appropriate box.
- 4. POPULATION INFORMATION:** Which population best describes the location of your school? Urban (300,000 +), Suburban (75,000–300,000), Small Town (15,000–75,000) or Rural (15,000 or less).
- 5. SCHOOL TYPE:** Check the category that best describes your school.
- 6. CHAPTER MEMBERSHIP:** Complete the number of males, females, and the total members included in this payment. Also, give the total number of members affiliated for the year-to-date. Do not include adviser(s) in the counts. **The minimum number of members for a chapter is 12.**
- 7. CHAPTER TYPE (REQUIRED):** A comprehensive student is one enrolled in general courses in a Family and Consumer Sciences program. An occupational student is one who has completed or is currently taking a concentrated program that prepares individuals for paid employment.
- 8. RACE/NATIONAL ORIGIN (optional):** Please complete with the number of members in this payment for each category. This demographic information will be used to determine if FCCLA is meeting the program and service needs of all members.



About the Adviser

- 9. CHAPTER ADVISER:** Complete the adviser information, and fill in the chapter adviser fee for state and national.
- 10. YEARS AS ADVISER:** Enter the total number of years you have been a chapter adviser. This information will be used to determine the years of service awards.
- 11. E-MAIL ADDRESS:** National headquarters will use your e-mail address to inform you about FCCLA updates and partnership opportunities.
- 12. ADDITIONAL ADVISERS:** List additional adviser names. You may include their addresses on a separate sheet.

Dues Calculation

- 13. DUES:** Indicate the payment for the school year. **THE MINIMUM NATIONAL DUES PAYMENT FOR CHAPTERS IS \$108.00 (covers 12 members minimum).** Give the number of **additional** members, amount of national and state dues, national and state chapter adviser fees, and other chapter fees (if applicable) included in this payment. Both state and national dues must be paid for each member and there are no substitutions of names. Verify the payment is correct for the number of members listed. Please mark method of payment.
- 14.** Have the chapter adviser and chapter president sign and date the completed form. Please include your chapter president's home address. This information will be used by state associations wishing to communicate directly with the chapter presidents.

Make two copies of the completed Member Affiliation Form and Member Roster. Keep one copy for your records and submit two copies to national with payment to the address shown on the 2011–2012 State Dues List.

ALL AFFILIATIONS MUST BE POSTMARKED BY MAY 31 FOR THE 2011-2012 MEMBERSHIP YEAR. EARLY DUES PAYMENT POSTMARKED BY NOVEMBER 30 HELPS ASSURE THAT YOUR MEMBERS RECEIVE A FULL YEAR OF SERVICES. MEMBERS IN NATIONAL STAR EVENTS, THOSE APPLYING FOR NATIONAL FCCLA PROGRAM AWARDS OR NATIONAL MEMBERSHIP ACHIEVEMENT AWARDS MUST AFFILIATE BY MARCH 1 (POSTMARK DATE).

SEND PAYMENT TO:

Family, Career and Community Leaders of America, Inc.

Lock Box Operations
P.O. Box 718, Dept. D
Baltimore, MD 21203-0718
(703) 476-4900

Family, Career and Community Leaders of America

2011–2012 Member Affiliation Form

1. Make two copies of the completed Member Affiliation Form and Member Roster. Keep one copy for your records and submit two copies to national with payment to the address shown on the 2011-2012 State Dues List.

2. Chapter ID Number _____ OR New Chapter
 Name of Chapter _____
 Name of School _____
 Address _____
 City _____ State _____ Zip _____
 Telephone # (include area code) _____ Fax # _____

3. Co-curricular Chapter? Yes No

4. School Location: Urban Suburban Small Town Rural

5. Check your school type:
 Elementary Middle School Junior High/Intermediate Combined Jr/Sr Hig
 Senior High Other (Career Tech School, etc)

6. # of Males _____ # of Females _____ Total # for this payment _____ Total # YTD _____

7. Chapter Type (required). Enter number of members for this payment below:
 # Comprehensive _____ # Occupational _____

8. Race/National origin (optional). Enter number of members for this payment below:
 # African-American _____ # Caucasian _____ # Asian _____
 # Hispanic _____ # Native-American _____ # Others _____

9. Mr/Mrs/Ms _____
Adviser First Name Middle Initial Adviser Last Name
 Home Address _____
 City _____ State _____ Zip _____
 Telephone # (include area code) _____

10. Years as an adviser _____

11. Adviser e-mail address _____

Please refer to the instructions for completing forms

12. DUES & CONTRIBUTIONS

Both state and national dues must be paid for each member. Overpayment of \$10.00 or less will not be refunded. No substitution of names.

This is which dues payment of the school year? 1st 2nd 3rd or more

NATIONAL DUES	RATE	AMOUNT	TOTAL
Members	1 to 12 members	Minimum	= \$ 108.00
Additional Members	_____	X \$9.00 each	= \$ _____
Adviser fee (primary Adviser)	_____	X \$9.00 each	= \$ _____
National Contribution		\$ _____	= \$ _____

STATE DUES—See affiliation information sheet for rates.

Members	_____	x \$ _____	= \$ _____
Adviser fee(optional)		\$ _____	= \$ _____
State Chapter Fee		\$ _____	= \$ _____
State Contribution(optional)		\$ _____	= \$ _____
GRAND TOTAL			= \$ _____

METHOD OF PAYMENT

Check # _____ PO # _____

VISA MASTERCARD

Credit Card # ____/____/____-____/____/____-____/____/____-____/____/____

Card Holder Signature _____ Exp. Date ____/____

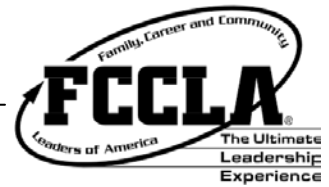
13. Chapter Adviser Signature _____ Date _____

Chapter President Signature _____ Date _____

President Address _____ Date _____

City, State Zip _____

ALL AFFILIATIONS MUST BE POSTMARKED BY MAY 31 FOR THE 2011-2012 MEMBERSHIP YEAR. EARLY DUES PAYMENT **POSTMARKED BY NOVEMBER 30** HELPS ASSURE THAT YOUR MEMBERS RECEIVE A FULL YEAR OF SERVICES. MEMBERS IN NATIONAL STAR EVENTS, THOSE APPLYING FOR NATIONAL FCCLA PROGRAM AWARDS OR BE PART OF IT! RECOGNITION MUST AFFILIATE BY MARCH 1 (POSTMARK DATE). * All contributions are tax deductible as donations to a 501(c)(3) organization.



MEMBER ROSTER

Submit 2 copies of this form or a computer-generated reproduction with 2 copies of your member Affiliation Form. Please verify that counts written on the Member Affiliation Form match the totals below and payment is for the number of students listed. There will be no substitutions of names.

School Name _____

City _____ State _____ Zip Code _____

Chapter Name _____ Chapter # _____

Adviser _____

Student Name (Alphabetized by last name)	Grade	Male(M) or Female (F)	Comprehensive (C) or Occupational (O)*	Demographic: Caucasian (C) African American(AA) Hispanic (H) Asian (A), or Other (O)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

*Select only one. If left blank or incorrect, student will be designated comprehensive.

Total # Males ___ Total # Females ___ Total # Comprehensive ___ Total # Occupational ___ PAGE ___ OF ___