

## 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).**

**Family, Career and Community Leaders of America, Inc.**

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P.O. Box 718, Dept. D  
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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	_____	X \$9.00 each	= \$ _____
National Contribution		\$ _____	= \$ _____

### STATE DUES—See affiliation information sheet for rates.

Members	_____	X \$ _____	= \$ _____
Adviser Fee	_____	X \$ _____	= \$ _____
State Chapter Fee	_____	X \$ _____	= \$ _____
State Contribution		\$ _____	= \$ _____
GRAND TOTAL			= \$ _____

### METHOD OF PAYMENT

Check # \_\_\_\_\_  PO # \_\_\_\_\_

VISA  MASTERCARD

Credit Card # \_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder Signature \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

13. Chapter Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

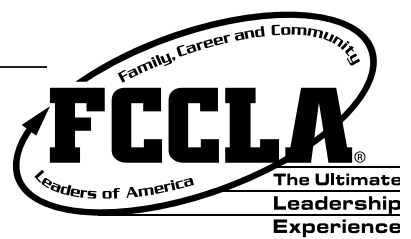
Chapter President Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

1910 Association Drive  
Reston, VA 20191-1584



# 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)*
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.