



New York State FHA/FCCLA Alumni and Associates
Supporting the Success of Youth Leadership In New York State
FHA/FCCLA Alumni & Associates Membership Form

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Original FHA/FCCLA Chapter (if applicable): _____

Current School District: _____

Check One:

- Alumni Member (former FHA/HERO or FCCLA member)
 Associate Member (non-former member, supporter of NYS FCCLA)
 State Officer Alumnus (past State Officer with continued membership in FCCLA)

Dues:

- Enclosed please find my \$10 annual membership dues (make checks payable to NYS FCCLA)
 Yes! I will also be affiliating with the National FCCLA Alumni & Associates (dues separate)

Please return completed form and enclosed fees to:

Karen Thomas
37037 County Route 46
Theresa, NY 13691

**Thank you for becoming a part of New York State FHA/FCCLA Alumni & Associates!
Your support, generosity, and enthusiasm are greatly appreciated!**