

Instructions for Completing Form

Please use a blue or black ballpoint pen and press hard to complete all three copies.

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 zip code extension, telephone number and fax number on the appropriate lines. Leave the chapter ID field blank if you are a new chapter. 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. INTRA-CURRICULAR: Indicates if your chapter is intra-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 (100,000 +), Suburban (15,000 – 100,000), 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 in the counts.
7. 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

8. CHAPTER ADVISER: Complete the adviser information.
9. YEARS AS ADVISER: Complete the boxes with the total number of years you have been a chapter adviser. This information will be used to determine the years of service awards.
10. E-MAIL ADDRESS: Please provide, if available.
11. ADDITIONAL ADVISERS: List additional advisers names. You may include their addresses on a separate sheet.

DUES CALCULATION

12. DUES: Indicate the payment for the school year. **THE MINIMUM NATIONAL DUES PAYMENT FOR CHAPTERS OF ONE TO NINE MEMBERS IS \$63.00.** Give the number of **additional** members, amount of national and state dues, national and state adviser contributions 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. Affiliations will only be processed when received with payment. Chapters from direct affiliation states (payment is mailed to the national lock box address) may select VISA or MasterCard.
13. 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.

Retain one copy of this form and remit the National and State copies with your check or credit card information (direct affiliation states only) to the address shown on the Affiliation Information sheet. This information is also available from the website (www.fcclainc.org) or our fax -on-demand system (800-NFO-TOGO).

Early dues payment by December 1 helps assure that your members receive a full year of services. Members in National STAR Events, Power of One or Member Quest must affiliate by March 1 (Postmark Date).

Family, Career and Community Leaders of America, Inc., Lock Box Operations, P.O. Box 718, Dept. D, Baltimore, MD 21203-0718

(703) 476-4900

Email Address: members@fcclainc.org

Website address: www.fcclainc.org