

Minnesota



HERO

Membership Information Packet

Deadlines:

October 1st - State Officer Candidates and chapter affiliations to attend and vote at Fall Delegate Assembly

December 1st - All first semester and year long programs

February 15th - All second semester programs and to be eligible for State Leadership Conference Participation

Instructions: Return to State Executive Director all membership forms and payment

One copy of Form A, Form C, and Form D available on-line
www.mnfccla-hero.org under membership

Form B (Membership Roster) - *three copies* available on-line www.mnfccla-hero.org
Member Affiliation Form (mailed from FCCLA and available on-line www.fcclainc.org
than click on membership and print the membership affiliation form)
(*National copy, State copy and a photo copy*)

The Executive Boards policy on registration and dues is that all members attending Fall Delegate Assembly and/or State Leadership Conference must be fully paid national and state members in addition to having 100% of the registration fee paid by FDA or SLC. National FCCLA requires you pay national dues on a minimum of 9 members (\$72) to be an affiliated chapter. If you have less than 9 national members, we will only require state dues on the actual number you have (note nationals requires you pay for a minimum of 9 members or else they assess you a \$50

processing fee).

MINNESOTA FCCLA-HERO CHAPTER AFFILIATION FORM

Due: Postmarked by October 1st

Return this form to: MN FCCLA-HERO EXECUTIVE DIRECTOR
Jill Hanson Roe
320 East 11th Street
Blue Earth, MN 56013
507-526-5845 fax 507-526-7571

Chapter Membership Information:

Chapter Advisor _____

School Name _____ FCCLA-HERO Members _____ (number)

School Address _____

City/State/Zip _____ Male Members _____ (number)

School Phone Number _____ Female Members _____ (number)

School FAX Number _____

School Voice Mail _____

School E-mail Address _____

Advisor's Home Address _____

City/State/Zip _____

Advisor Home Phone _____

Advisor Home E-mail Address _____

FORM B (or you may use the membership roster sheet from FCCLA)

FCCLA-HERO MEMBERSHIP ROSTER

NATIONAL CHAPTER ID _____

Due: Postmarked by October 1st

Return this form to: MN FCCLA-HERO EXECUTIVE DIRECTOR
Jill Hanson Roe
320 East 11th Street
Blue Earth, MN 56013
507-526-5845 fax 507-526-7571

Chapter/School Name _____

School Address _____

City/State/Zip _____

Directions: Please alphabetize this list, last name first. Duplicate two additional copies; one for the state office and one copy for your records. Duplicate extra copies of this sheet for more than fifteen members.

<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>	<u>GENDER (M/F)</u>	<u>OCC.</u>
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- 12.
- 13.
- 14.
- 15.

FCCLA-HERO CHAPTER OFFICER ADDRESS ROSTER

Due: Postmarked by October 1st

Return this form to: MN FCCLA-HERO EXECUTIVE DIRECTOR
Jill Hanson Roe
320 East 11th Street
Blue Earth, MN 56013
507-526-5845 fax 507-526-7571

CHAPTER NAME _____

ADVISOR'S NAME _____

PRESIDENT

NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL ADDRESS _____

VICE PRESIDENT

NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL ADDRESS _____

SECRETARY

NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL ADDRESS _____

TREASURER

NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL ADDRESS _____

ADVISOR

NAME _____

ADDRESS _____

TELEPHONE _____ E-MAIL ADDRESS _____

FCCLA-HERO APPLICATION FOR CHARTER (For new chapters only)

Due: With affiliation/Due information

Return this form to: MN FCCLA-HERO EXECUTIVE DIRECTOR
Jill Hanson Roe
320 East 11th Street
Blue Earth, MN 56013
507-526-5845 fax 507-526-7571

We, the undersigned officers, affirm that the students participating in the Service Occupations program at:

have organized into a local FCCLA-HERO Chapter.

A constitution has been adopted, the necessary officers have been elected, and all members are in good standing with state and national dues paid.

In the name of the chapter, and for the chapter, we hereby make application for a charter which will permit our chapter to be affiliated with the Minnesota Association of Home Economics Related Occupations.

Our local chapter will be known as the:

Chapter President

Chapter Vice-President

Chapter Secretary

Chapter Treasurer

Chapter Advisor

Date _____