



Member Affiliation Information Sheet



Prefix (circle one): Ms., Mrs., Mr., Miss

*First Name: _____

Middle Initial: _____

*Last Name: _____

Suffix: _____

*Grade (circle one): 6, 7, 8, 9, 10, 11, 12

*Gender (circle one): Male, Female

*Individual Affiliation Type (circle one):

Comprehensive- A class of events for students in grades 10 – 12 who have been enrolled in or are enrolled in family and consumer sciences classes receiving 0.5 to 1 credits; the course is taught by a family and consumer sciences teacher and members are affiliated as comprehensive members of Family, Career and Community Leaders of America.

Occupational- A class of events for students in grades 10-12 who have been enrolled in or are enrolled in a career cluster course preparing individuals for paid employment and receiving 1-3 credits; the course is taught or could be taught by a family and consumer sciences teacher and members are affiliated as an occupational member of Family, Career and Community Leaders of America.

*Demographics (circle one): African American, Asian, Caucasian, Hispanic, Native American, Other

*Member Title (circle one): Chapter Member, Chapter Officer, National Officer, State Officer

*Member Email: _____

*Member Cell Phone: _____

*Member Home Phone: _____

*Member Date of Birth: _____

The above information is for FCCLA membership purposes only. (as requested on the national membership website) * indicates a required field

Other information that may be helpful on the local/school level:

Payment: Amount \$ _____ Date _____ Form of Payment _____

Special Interests in FCCLA: Leadership _____ Service to Others _____ Travel _____ Competitions _____

School Service _____ Fundraising _____ Publicity/Public Relations _____

What talents do I have that I can share with FCCLA? _____

Reason for joining FCCLA? _____

Signed (Member) _____

Signed (Parent or Guardian) _____