



Member Affiliation Information Sheet

Pass this sheet out to each prospective member in order to retrieve the necessary information before logging in to the affiliation system.

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- Family focus FACS class or Occupational-Work/Career Focus FACS class

***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.

* indicates a required field

The completion of this form does not imply that you are affiliated with FCCLA. Members must be entered into the National affiliation system and paid in full before they are considered members of FCCLA for the 2015-2016 school year.

