



## **Member Affiliation Information Sheet**

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

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

**\*First Name:** \_\_\_\_\_

**Middle Initial:** \_\_\_\_\_

**\*Last Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**\*Grade (circle one):** 5, 6, 7, 8, 9, 10, 11, 12

**\*Gender (circle one):** Male, Female

**\*Individual Affiliation Type (circle one):** Comprehensive- Family focus FCS class or Occupational-  
Work/Career Focus FCS 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 FCCLA Portal and paid in full before  
they are considered members of FCCLA for the 2018-2019 school year.*

