



## **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, Non-binary

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

**\*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 2020-2021 school year.*

