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.