Member Affiliation Information Form

Use this form to collect the required (*) information from prospective FCCLA members before adding them to your FCCLA Chapter roster.

*First Name: _____

*Last Name: _____

*Grade (check one):

☐ 5   ☐ 8   ☐ 11
☐ 6   ☐ 9   ☐ 12
☐ 7   ☐ 10

*Gender (check one):

☐ Male
☐ Female
☐ Non-binary

*Demographic (check one):

☐ African American   ☐ Hispanic   ☐ Other
☐ Asian   ☐ Native American
☐ Caucasian   ☐ Pacific Islander

*Member Title (check one):

☐ Chapter Member   ☐ National Officer   ☐ State Officer
☐ Chapter Officer   ☐ Regional Officer

*Member Email: _____
(where unique Student Portal credentials and Member Minute newsletters will be emailed)

Completing this form does not imply that you are affiliated with FCCLA. Members must be entered into the National FCCLA Portal and paid in full each school year before they are considered members of FCCLA.