



### FCCLA Affiliation Invoice Removal/Adjustment Request Form

This form is to be used to request the removal and/or adjustment of an affiliation-related invoice with the Family, Career and Community Leaders of America, Inc. (FCCLA). A typed version of this request must be submitted to your state adviser with a copy to FCCLA no later than 30 days after the invoice has been created. The form will then need to be signed and submitted to FCCLA by your State Adviser within ten (10) business days of receipt.

Note: A request to void a "partial affiliation invoice" may only be considered after the 30-day grace period for first-year advisers.

Submission of this form does not guarantee the submitted invoice will be forgiven; the request will be evaluated based on the criteria listed below:

State: \_\_\_\_\_ Chapter Name: \_\_\_\_\_  
Chapter ID: \_\_\_\_\_ Affiliation Invoice Date: \_\_\_\_\_  
Invoice No.: \_\_\_\_\_ Name of Chapter Adviser: \_\_\_\_\_

National amount requested to be waived: \_\_\_\_\_

Is this your first year as the Chapter Adviser?:  Yes  No

Current Membership Type (Select One):

- Regular  Unlimited Members Package  100% Middle Level
- Up to 25 Members Package  Post-Secondary  Urban

Desired Membership Type (Select One):

- Regular  Unlimited Members Package  100% Middle Level
- Up to 25 Members Package  Post-Secondary  Urban

Please describe the reason for the invoice removal/adjustment request in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chapter Adviser:** By signing below, you confirm the information presented above is accurate to the best of your knowledge and FCCLA should use this information to assess the basis for the removal of your affiliation invoice. Additionally, if an invoice is removed, you provide FCCLA with the authorization to resubmit your invoice reflecting the correction described above.

**State Adviser:** By signing below, you confirm that the information presented above is accurate to the best of your knowledge.

The State is willing to waive

\$ \_\_\_\_\_ All (Total Amount)/or:

\$ \_\_\_\_\_ Portion (Amount) of the state's affiliation dues

\_\_\_\_\_  
State Adviser Signature and Date

\_\_\_\_\_  
Chapter Adviser Signature and Date

\_\_\_\_\_  
Print Name – State Adviser

\_\_\_\_\_  
Print Name – Chapter Adviser

Please email all completed forms to Ana Torres ([atorres@fclclainc.org](mailto:atorres@fclclainc.org)).