

## Instructions for Completing the Middle Level Form

Please use a blue or black ballpoint pen.

### About the Chapter

- 1. LISTING OF MEMBERS:** Please attach 2 typed or computer-generated lists of members names in alphabetical order. Also indicate each member's grade number, male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive.
- 2. CHAPTER DATA:** Complete with chapter ID, the chapter name, school name, address, city, state, zip code and four-digit zip code extension, telephone number, and fax number on the appropriate lines. Leave the chapter ID field blank if you are a new chapter, and instead check the "New Chapter" box. A number will be assigned when the affiliation is received at national headquarters. Please use the chapter identification number (ID) when contacting national headquarters.
- 3. CO-CURRICULAR:** Indicate if your chapter is co-curricular (a program that integrates FCCLA chapter activities into the FACS classroom program of study) by marking the appropriate box.
- 4. POPULATION INFORMATION:** Which population best describes the location of your school? Urban (100,000 +), Suburban (75,000–100,000), Small Town (15,000–75,000) or Rural (15,000 or less).
- 5. SCHOOL TYPE:** Check the category that best describes your school.
- 6. CHAPTER MEMBERSHIP:** Complete the number of males, females, and the total members included in this payment. Also, give the total number of members affiliated for the year-to-date. Do not include adviser(s) in the counts.
- 7. CHAPTER TYPE (REQUIRED):** A comprehensive student is one enrolled in general courses in a Family and Consumer Sciences program. An occupational student is one who has completed or is currently taking a concentrated program that prepares individuals for paid employment.
- 8. RACE/NATIONAL ORIGIN (optional):** Please complete with the number of members in this payment for each category. This demographic information will be used to determine if FCCLA is meeting the program and service needs of all members.

### About the Adviser

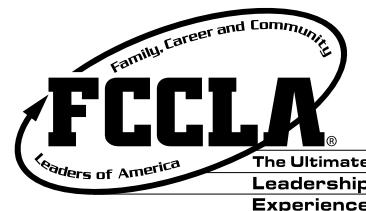
- 9. CHAPTER ADVISER:** Complete the adviser information.
- 10. YEARS AS ADVISER:** Enter the total number of years you have been a chapter adviser. This information will be used to determine the years of service awards.
- 11. E-MAIL ADDRESS:** Please provide, if available. National headquarters will use your e-mail address to inform you about FCCLA updates and partnership opportunities.
- 12. ADDITIONAL ADVISERS:** List additional adviser names. You may include their addresses on a separate sheet.

### Dues Calculation

- 13. DUES:** Give the amount of national and state dues, national and state adviser contributions, and other fees (if applicable) included in this payment. Both state and national dues must be paid and there are no substitutions of names. Please mark method of payment.
- 14.** Have the chapter adviser and chapter president sign and date the completed form. Please include your chapter president's home address. This information will be used by state associations wishing to communicate directly with the chapter presidents.

Make two copies of the completed Member Affiliation Form and Member Roster. Keep one copy for your records and submit two copies to national and state with payment to the address shown on the 2007–2008 State Dues List.

**ALL AFFILIATIONS MUST BE POSTMARKED BY MAY 31 FOR THE 2007-2008 MEMBERSHIP YEAR. EARLY DUES PAYMENT POSTMARKED BY NOVEMBER 30 HELPS ASSURE THAT YOUR MEMBERS RECEIVE A FULL YEAR OF SERVICES. MEMBERS IN NATIONAL STAR EVENTS, THOSE APPLYING FOR NATIONAL FCCLA PROGRAM AWARDS OR BE PART OF IT! RECOGNITION MUST AFFILIATE BY MARCH 1 (POSTMARK DATE).**



Family, Career and Community  
Leaders of America, Inc.  
Lock Box Operations  
P.O. Box 718, Dept. D  
Baltimore, MD 21203-0718  
(703) 476-4900

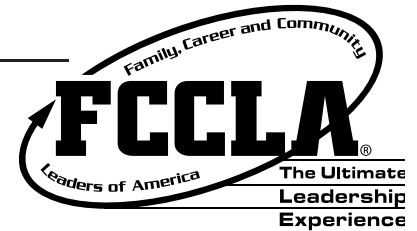
# 2007-2008 Middle Level Affiliation Form

1. Make two copies of the completed Member Affiliation Form and Member Roster. Keep one copy for your records and submit two copies to national and state with payment to the address shown on the 2007-2008 State Dues List.
2. Chapter ID Number \_\_\_\_\_ OR  New Chapter  
 Name of Chapter \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ — \_\_\_\_\_  
 Telephone # (include area code) \_\_\_\_\_ Fax # \_\_\_\_\_
3. Co-curricular Chapter?  Yes  No
4. School Location:  Urban  Suburban  Small Town  Rural
5. Check your school type:  
 Elementary  Middle School  Junior High/Intermediate  Combined Jr/Sr High
6. # of Males \_\_\_\_\_ # of Females \_\_\_\_\_ Total # for this payment \_\_\_\_\_ Total # YTD \_\_\_\_\_
7. Chapter Type (required). Enter number of members for this payment below:  
 # Comprehensive \_\_\_\_\_ # Occupational \_\_\_\_\_
8. Race/National origin (optional). Enter number of members for this payment below:  
 # African-American \_\_\_\_\_ # Caucasian \_\_\_\_\_ # Asian \_\_\_\_\_  
 # Hispanic \_\_\_\_\_ # Native-American \_\_\_\_\_ # Others \_\_\_\_\_
9. Mr/Mrs/Ms \_\_\_\_\_  
Adviser First Name Middle Initial Adviser Last Name  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ — \_\_\_\_\_  
 Telephone # (include area code) \_\_\_\_\_
10. Years as an adviser \_\_\_\_\_
11. Adviser e-mail address \_\_\_\_\_
12. The additional advisers for this chapter are (list home addresses on separate sheet): \_\_\_\_\_

Please refer to the instructions for completing forms.

Send dues payment to:

FCCLA Lock Box Operations  
 P.O. Box 718, Dept. D  
 Baltimore, MD 21203-0718



13. DUES

Both state and national dues must be paid for each member. Overpayment of \$10.00 or less will not be refunded. No substitution of names.

This is which dues payment of the school year?  1st  2nd  3rd or more

	AMOUNT
Chapter National Dues (Middle Level Only)	= \$ 450.00
Adviser National Contribution*	= \$ _____
Chapter State Dues	= \$ _____
Adviser State Contribution	= \$ _____
Chapter/District Fee	= \$ _____
<b>TOTAL</b>	<b>= \$ _____</b>

Method of Payment

Check # \_\_\_\_\_  PO # \_\_\_\_\_

VISA  MASTERCARD

Credit Card # \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder Signature \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Each member's national dues includes \$4.00 for a one-year subscription to *Teen Times* magazine. Nonmember subscriptions to *Teen Times* are \$8.00.

14. Chapter Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Chapter President Signature \_\_\_\_\_ Date \_\_\_\_\_  
 President's Home Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

ALL AFFILIATIONS MUST BE POSTMARKED BY MAY 31 FOR THE 2007-2008 MEMBERSHIP YEAR. EARLY DUES PAYMENT POSTMARKED BY NOVEMBER 30 HELPS ASSURE THAT YOUR MEMBERS RECEIVE A FULL YEAR OF SERVICES. MEMBERS IN NATIONAL STAR EVENTS, THOSE APPLYING FOR NATIONAL FCCLA PROGRAM AWARDS OR BE PART OF IT! RECOGNITION MUST AFFILIATE BY MARCH 1 (POSTMARK DATE).

\* All contributions are tax deductible as donations to a 501(c)(3) organization.

1910 Association Drive  
Reston, VA 20191-1584



## MEMBER ROSTER (Middle Level)

Submit 2 copies of this form or a computer-generated reproduction with 2 copies of your member Affiliation Form. Please verify that counts written on the Member Affiliation Form match the totals below and payment is for the number of students listed. There will be no substitutions of names.

School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Chapter Name \_\_\_\_\_ Chapter # \_\_\_\_\_

Adviser \_\_\_\_\_

Student Name (Alphabetized by last name)	Grade	Male (M) or Female (F)	Comprehensive (C) or Occupational (O)*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

\* Select only one. If left blank or incorrect, student will be designated comprehensive.

Total # Males \_\_\_\_\_ Total # Females \_\_\_\_\_ Total # Comprehensive \_\_\_\_\_ Total # Occupational \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_



## 2007–2008 MIDDLE LEVEL STATE DUES LIST Participating States

If your chapter is located in one of the states participating in the direct affiliation programs (see list below), your payment and form should be sent to:

FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA  
LOCK BOX OPERATIONS  
DEPT. D  
P.O. BOX 718  
BALTIMORE, MD 21203-0718

National dues for each member are \$9.00. There is a minimum of 9 members or \$81.00 national dues. Find your state dues by referring to the following chart. Both national and state dues must be paid for each member.

	State	State Fee
1.	Alabama	\$300.00
2.	California	\$100.00
3.	Connecticut**	\$150.00
4.	Delaware***	\$0.00
5.	Florida**	\$189.00
6.	Georgia	\$150.00
7.	Illinois**	\$250.00
8.	Indiana	\$100.00
9.	Iowa*	\$150.00
10.	Kansas	\$100.00
11.	Kentucky	\$150.00
12.	Minnesota FCCLA***	\$150.00
13.	Missouri	\$100.00

	State	State Fee
14.	Nebraska**	\$150.00
15.	New Hampshire**	\$250.00
16.	New Jersey	\$50.00
17.	New York**	\$260.00
18.	Ohio*	\$200.00
19.	Oklahoma	\$100.00
20.	Pennsylvania**	\$300.00
21.	Rhode Island	\$100.00
22.	Tennessee	\$50.00
23.	Texas	\$ 350.00
24.	Virginia	\$150.00
25.	Washington**	\$600.00

\*New \*\*Chapter fee increase \*\*\*Chapter fee decrease

**NATIONAL CHAPTER FEE: \$450.00**