FCCLA Chapter Membership Application

Name:

Address:

City: State: IL Zip: Phone Number:

E-mail: Grade: \_\_\_\_ Teacher: Age: \_\_

**I am a**: (Circle one)

* New member
* Returning member of \_\_\_\_ years

**I am interested in:** (Circle all of interest)

* Participating in planned events
  + Community service – ideas?
  + Chapter service
* Fundraising activities: Do you have any ideas of fundraisers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Becoming an officer
* Participating in competitive STAR Events

**I am willing serve on committees:** (circle one) Yes No

I, will remain a member in good standing, attend meetings, get copies of minutes, follow announcements, deadlines and activities of group and wear appropriate clothing to all FCCLA sponsored events.

\_\_\_\_

(Student Signature)

**Dues $15.00 ($9.00 National & $6.00 State)**

**Dues paid before Tuesday, September 1, 2015 are only $10!**

Dues MUST be paid by Friday**, October 31, 2015** in order to participate in State and Nat’l Programs

Date Paid \_\_\_\_\_\_ Amount Paid \_\_\_\_\_\_ Cash\_\_\_ Check (Made payable to KHS FCCLA) #

If paid by check, name and information on checking account \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*For more information about FCCLA please visit www.ilfccla or www.fcclainc.org

**FCCLA Membership Permission Form**

**Student’s Name** **Grade**\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to become a part of ROWVA High School Family, Career, and Community Leaders of America (FCCLA) Chapter.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_