

AFFILIATION INSTRUCTIONS

Complete the affiliation registration first, and then enter the membership roster.

Submit to:

FCCLA Lock Box Operations

P.O. Box 1326

San Antonio, TX 78295-1326

Assistance: (512) 306-0099

fccla@txasfccla.org

ELECTRONIC AFFILIATION

Do not use apostrophes, commas or dashes when submitting the Affiliation Form or Member Roster. (Example: D'Anna or Smith-Jones)

For the 2011-2012 school year, state and national affiliation for Texas FCCLA chapters will be submitted to the state association office for processing. The state office will then forward to national headquarters the necessary information and payment for the national portion of the dues.

Each Family and Consumer Sciences teacher that has previously affiliated, has been assigned a unique chapter ID number for the FCCLA chapter affiliated by that teacher. This chapter ID number is the same as the one assigned by the national FCCLA office. This information should be used consistently for all chapter affiliations submitted throughout the year. Contact the state association office for assistance if a chapter ID is lost or a new/additional ID is needed.

To affiliate electronically you will need a printer connected to your computer for printing the hard copy required for your records and for submitting with payment.

Two copies of both the affiliation form and the member roster must be mailed with payment to the state association office.

Affiliation **must be postmarked by November 1** in order for a chapter to be eligible to run a regional or state officer candidate.

The required number of chapter members must be affiliated with the state and national associations by November 1 to determine the number of eligible STAR Event and Proficiency Event entries. Additional members wanting to participate in STAR Events and Proficiency Events must submit affiliation online two weeks prior to the region meeting. Affiliation paperwork and payment must be brought to the STAR/Proficiency Event Headquarters room prior to STAR/Proficiency Event Registration to receive an FCCLA Confirmation Receipt if not mailed by the 2nd Monday in January and pay the onsite affiliation fee.

STEP BY STEP INSTRUCTIONS

1. CHAPTER DATA - Complete the chapter name, school name, region, address, city, zip code, zip code +4, extension, telephone number, and fax number (include area code) and county on the appropriate lines. Chapters will need to indicate their chapter ID number on the form, followed by school information, and advisor name. If there has been a teacher change it should be reflected on the Affiliation Form, new advisors should use the chapter ID that was assigned to the teacher that was replaced. If you do not have a chapter ID number, please contact the state office at 512-306-0099 for a new Chapter ID.

2. CO-CURRICULAR - Mark the appropriate box to indicate whether your chapter is co-curricular (a program that integrates Family, Career and Community Leaders of America chapter activities into the Family and Consumer Sciences Education classroom program of study).

3. SCHOOL LOCATION - Select from the drop-down list. Which population best describes the location of your school? Urban (Over 100,000), Suburban (15,000 to 100,000), Small Town (15,000 - 75,000) or Rural (Under 15,000).

4. SCHOOL TYPE - Select the category that best describes your school from the drop-down list.

5. CHAPTER MEMBERSHIP - Complete the number of males, females and total members included in this payment and shown on the member roster. Also give the total number of members affiliated for the year-to-date. Do not include the advisor in the counts.

6. COURSE TYPE - Enter the number of members included in this payment who are enrolled in a 1 one credit comprehensive or technical course and the number enrolled in a 2-3 credit occupational specific course.

7. RACE/NATIONAL ORIGIN - Please enter the total number of members in each category included in this payment. This demographic information will be used to determine if the organization is meeting the program and service needs of all members.

8. SPECIAL POPULATIONS - Please enter the total number of members included in this payment who meet the PEIMS definition for one or more of the following special populations categories: Individuals with disabilities, Individuals from economically disadvantaged families, Single parents, including single pregnant women, Individuals with other barriers to educational achievement, including individuals with limited English proficiency and academically disadvantaged. (Count each student only once.)

9. CHAPTER ADVISOR - Complete all advisor information including home address and phone numbers.

10. CONTACT TIME - Please let us know what time of the school day is best to contact you from the drop-down list.

11. YEARS AS ADVISOR - Provide the total number of years you have been a chapter advisor. This information will be used to determine the years of service awards.

12. ADVISOR EMAIL ADDRESS - EXTREMELY IMPORTANT! Please provide so necessary confirmation can be emailed.

13. ADDITIONAL ADVISORS - List additional advisors' names and contact information in the space provided. Include their email addresses as well.

14. DUES - FOR THE 2011-2012 SCHOOL YEAR, THE MINIMUM AMOUNT FOR AFFILIATING A CHAPTER IS \$192. This covers the state and national dues payment for chapters of one to twelve members. Both state and national dues must be paid for each member and there are no substitutions of names. Indicate how many times you have affiliated for this chapter this year from the drop-down list. Indicate the total number of members for this submission, amount of dues (\$192 for the first twelve students plus \$16 for each additional student over twelve), advisor dues (\$16), and the total due. Please **DO NOT ENTER SPACES OR SYMBOLS**, enter ONLY numbers (i.e., 210 for 210 students, etc.). If you enter extra spaces or characters for any of these three spaces, you will get an error message to that effect when you attempt to SUBMIT. Please indicate the method of payment from the drop-down list. The check number, if available number, and the amount of the payment. You need enter this only once. The extra line is provided if needed.

15. MEMBER ROSTER - Enter member names on the member roster in alphabetical order by last name. Also indicate each member's gender and grade number (i.e., Senior = 12, Junior = 11). Indicate the member's demographic background. Indicate whether the student's membership is on the basis of present/previous enrollment in a comprehensive/technical course or occupational specific course. If a student is or has been enrolled in both types of courses, count only once in the category consistent with any anticipated STAR Event entry. **Do not use apostrophes, commas or dashes when submitting the Affiliation Form or Member Roster.**

16. SUBMISSION - Print 3 copies of the resulting form **BEFORE clicking "Submit."** Keep one set of forms (affiliation form and member roster) and forward the other two sets with a payment check payable to Texas FCCLA and mail to Lock Box: FCCLA, Lock Box Operations, P.O. Box 1326, San Antonio, TX 78295-1326.

Early dues payment helps assure that your members receive a full year of services from the state and national associations. Members participating in many national programs must affiliate by March 1.

then click here for [Affiliation Form](#). Member roster should be completed after submission of the Affiliation Form.

ALL FORMS NEED TO BE PRINTED IN LANDSCAPE FORMAT