



Member Affiliation Information Sheet

Pass this sheet out to each prospective member in order to retrieve the necessary information before logging in to the portal.

***First Name:** _____

***Last Name:** _____

***Grade** (select one):

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

***Gender** (select one):

- Male
- Female
- Non-binary

***Demographic** (select one):

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

***Member Title** (select one):

- Chapter Member
- Chapter Officer
- National Officer
- Region Officer
- State Officer

***Member Email:** _____

***Member Cell Phone:** _____

Member Home Phone: _____

Member Date of Birth: _____

The above information is for FCCLA membership purposes only.

* indicates a required field

The completion of 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.

