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 Family, Career and Community Leaders of America, Inc. (FCCLA) only if the invoice has been paid, including cases where the amount paid is $0.00. The completed form must be submitted to your state adviser with a copy to FCCLA no later than 30 days after the invoice has been paid. The form must then be signed and submitted to FCCLA by your state adviser within ten (10) business days of receipt. If the invoice has not been paid, removal requests must be submitted by following these instructions.

Note: A request to void an "unpaid 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 removed:_____

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

Membership Type (SelectOne):

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

Desired Membership Type (SelectOne):

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

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 remove

$_____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 Roshia Chohan (rchohan@fcclainc.org).