



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 the Family, Career and Community Leaders of America, Inc. (FCCLA). A typed version of this request must be submitted to your state adviser with a copy to FCCLA no later than 30 days after the invoice has been created. The form will then need to be signed and submitted to FCCLA by your State Adviser within ten (10) business days of receipt.

Note: A request to void a "partial affiliation invoice" may be considered after the 30 day grace period for first-year advisers only and for chapters switching their membership type into one of FCCLA's temporary leadership development packages, prior to November 1, 2020.

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: _____
Amount requested to be waived: National: _____ State: _____

Is this the first time the Chapter Adviser is registering a chapter: Yes No

Request to Participate in one of the two temporary price reduction packages: Yes No

(If Yes, select one)

Option 1: Up to 20 Leadership Development Package

Option 2: Unlimited Family and Consumer Sciences Leadership Development 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 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 waive

\$_____ 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 Mark Hornby (Mhornby@fcclainc.org)