



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.

Prefix (select one): Ms. Mrs. Mr. Miss

***First Name:** _____

Middle Initial: _____

***Last Name:** _____

Suffix: _____

***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
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.

