

Instructions for Completing Form

PREPARING TO AFFILIATE

Open and save the Affiliation Form and the Member Roster Form to your computer before you begin. These files will need to be submitted electronically upon completion to Jamie.Iler@dese.mo.gov and a printed copy of the Affiliation Form will need to accompany the payment.

ABOUT THE CHAPTER

1. LISTING OF MEMBERS – Open the Member Roster Form saved to your computer. All columns shaded yellow and marked with an asterisk (*) are required fields and must be completed for each member. Enter member names in alphabetical order by last name if possible. Also indicate each member's grade number (i.e. Senior = 12, Junior = 11), male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive. Save the completed roster to your computer and print 1 copy of the Member Roster for your records.
2. CHAPTER DATA – Indicate your chapter identification number and Missouri FCCLA region. If you do not know your chapter identification number or region, contact the state office at 573/751-7964. New chapters will need to contact the state office to receive an assigned identification number before the affiliation can be completed. Complete the chapter name, school name, address, city, state, zip code and zip code extension, telephone number and fax number on the appropriate lines.
3. CO-CURRICULAR – Indicate if your chapter is co-curricular (A program that integrates FCCLA chapter activities into the family and consumer sciences classroom program of study) by marking the appropriate box.
4. POPULATION INFORMATION – Which population best describes the location of your school? Urban (Over 100,000), Suburban (75,000 to 100,000), Small Town (15,000 to 75,000), or Rural (Under 15,000).
5. SCHOOL TYPE – Check the category that best describes your school.
6. CHAPTER MEMBERSHIP – Complete the number of males, females and total members included in this payment. Also give the total number of members affiliated for the year-to-date. **Do not include Advisor in counts.**
7. RACE/NATIONAL ORIGIN (optional) – Please complete with the number of members in this payment for each category. This demographic information will be used to determine if we are meeting the program and service needs of all members.
8. COMPREHENSIVE / OCCUPATIONAL MEMBERSHIP – Complete number of comprehensive and occupational members for this payment.

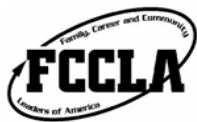
ABOUT THE ADVISOR

9. CHAPTER ADVISOR – Complete Advisor information.
10. CONTACT TIME – Please let us know what time of the school day is best to contact you.
11. YEARS AS ADVISOR – Complete the boxes with the total number of years you have been a chapter Advisor. This information will be used to determine the years of service awards.
12. EMAIL ADDRESS – Please provide if available.
13. ADDITIONAL ADVISORS – List additional Advisors' names. Please include name/address/phone/email on a separate sheet.

DUES CALCULATION - NATIONAL, STATE AND REGIONAL DUES MUST BE PAID FOR EACH MEMBER. THERE ARE NO SUBSTITUTIONS OF NAMES.

14. NATIONAL DUES – Indicate the payment for the school year. **THE MINIMUM NATIONAL DUES PAYMENT FOR CHAPTERS OF ONE TO TWELVE MEMBERS IS \$108.00.** Indicate number of **additional** members multiply by \$9 and give total amount of national dues for additional members. Indicate number of advisors multiply by \$9 and give amount of advisor national dues.
STATE DUES – Indicate number of members and advisors. Multiply each by \$2 and give the total amount of state dues.
REGIONAL DUES – Indicate number of members and advisors. Multiply each by regional dues (see regional breakdown) and give total amount of regional dues. **Fees to attend regional meetings are not considered payment for regional dues. Please contact your regional treasurer advisor if you have questions regarding regional meeting payments.**
15. Verify the payment is correct for the number of members listed. Save the completed copy to your computer and print 2 copies of this form. Retain one copy for your records and submit one copy with payment.
16. **E-mail the completed Affiliation Form and Member Roster Form to Jamie.Iler@dese.mo.gov prior to mailing payment.**
17. Prepare **ONE** check or money order to include national, state, and regional dues payable to **Missouri FCCLA**. The state office does not accept purchase orders, future payment vouchers, or credit card payments. **Affiliations will only be processed when received with payment, proper paperwork and electronic files.**
18. Have the chapter Advisor and chapter president sign and date the completed form you are submitting with payment.
19. Mail the completed Affiliation Form and **ONE** check or money order to include national, state, and regional dues to the address shown below.

Early dues payment to the State Office by November 1 allows you to receive the membership incentive program. Members participating in Power of One or Be Part of It! **MUST** affiliate by February 1 (postmark date) to make certain your chapter's affiliation is forwarded to the National Office before March 1. May 15 last date dues are accepted for the 2011-2012 school year through state office. Affiliations received after June 1 will be processed for the 2012-2013 school year.



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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.