

Missouri Family, Career and Community Leaders of America

Member Affiliation Form for the 2011-12 School Year

To receive the membership incentive program the affiliation form and payment must be received at the state office by November 1st. **NOTE: The chapter affiliation date is the payment postmark date.** The Member Affiliation Form and Member Roster must be submitted electronically to Jamie.Iler@dese.mo.gov. Chapters must use the official Missouri files/forms provided. Payment (check or money order with a copy of the Member Affiliation Form) must be mailed to: Missouri Family, Career and Community Leaders of America, PO Box 480, Jefferson City, MO 65102-0480.

PURCHASE ORDERS ARE NOT ACCEPTED!

Chapter ID: _____ **Region:** _____

Name of Chapter: _____

Name of School: _____

School Address: _____

City: _____ MO Zip: _____

School Phone # (Including area code) _____ School Fax # (Including area code) _____

Co-curricular Chapter? Yes No School Location: Urban Suburban Small Town Rural

Check your school type: Elementary Middle School Junior High/Intermediate

Combine Jr/Sr High Senior High Other (Voc School, etc.)

DO NOT ADD ADVISORS WITH MEMBER TOTALS

of Males _____ # of Females _____ Total members for this payment _____ Total members year to date _____

Race/national origin (optional). Enter number of members below for this payment:

Caucasian _____ # African-American _____ # Asian _____

of Hispanic _____ # Native America _____ # Others _____

Comprehensive / Occupational Membership for this payment:

Comprehensive _____ # Occupational _____

Mr./Mrs/Ms Primary Advisor Name _____ Mr./Mrs/Ms Secondary Advisor Name _____

Home Address _____ Home Address _____

City / State / Zip _____ City / State / Zip _____

Phone # (Including area code) _____ Phone # (Including area code) _____

Best time of day to contact _____ Years as advisor _____ Best time of day to contact _____ Years as advisor _____

My Email Address is _____ My Email Address is _____

List all additional advisors on separate sheet

Dues: National, state and regional dues must be paid for each member. Overpayment of \$10.00 or less will not be refunded. No substitution of names. Limit dues payment to one per month.

Which dues payment of the school year? 1st 2nd 3rd or more

National Dues: (Required for all members) **RATE** **AMOUNT**
Members **1 to 12 members Minimum** = **\$ 108.00**

Additional Members _____ X \$ 9.00 = \$ _____

Advisor Dues (Required) _____ X \$ 9.00 = \$ _____

State Dues: (Required for all members)

Members _____ X \$ 2.00 = \$ _____

Advisor Contribution _____ X \$ 2.00 = \$ _____

Regional Dues: (Required for all members)

Members _____ X \$ _____ = \$ _____

Advisor Contribution _____ X \$ _____ = \$ _____

Affiliation dues total \$ _____

Breakdown of Regional Dues per Member

Region 01 - \$ 2.00	Region 06 - \$ 1.00	Region 11 - \$ 2.00
Region 02 - \$ 2.00	Region 07 - \$ 2.00	Region 12 - \$ 1.00
Region 03 - \$ 2.00	Region 08 - \$ 1.00	Region 13 - \$ 3.00
Region 04 - \$ 2.00	Region 09 - \$ 2.00	Region 14 - \$ 2.00
Region 05 - \$ 1.00	Region 10 - \$ 2.00	

Chapter Advisor _____ Date _____

Chapter President _____ Date _____

REMINDERS

**PRINT 2 COPIES OF THIS FORM
(1 for your record and 1 to send with payment)**

**EMAIL THIS FORM AND MEMBER ROSTER
(official Excel spreadsheet) to Jamie.Iler@dese.mo.gov.**

*** DECEMBER 20 - DEADLINE FOR OFFICER CANDIDATES AND STAR EVENTS ELIGIBILITY
* MAY 15 - LAST DATE DUES ACCEPTED FOR 2011-12 SCHOOL YEAR THROUGH STATE OFFICE**