

Missouri Family, Career and Community Leaders of America

Middle Level Chapter 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: _____ State: _____ 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.)

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

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

Caucasian _____ # African-American _____ # Asian _____

of Hispanic _____ # Native America _____ # Others _____

Comprehensive / Occupational Membership for this payment:

Comprehensive _____ # Occupational _____

Mr/Mrs/Ms _____ Advisor First Name _____ M.I. _____ Advisor Last Name _____

Home Address _____

City _____ State _____ Zip _____

Phone # (Including area code) _____ Best time of day to contact _____ Years as advisor _____

My Email Address is _____

The additional advisors for this chapter are (list address/phone/email on a separate sheet):

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

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	RATE	AMOUNT
Chapter National Dues	50 X \$9.00	= \$ <u>450.00</u>
Advisor Dues (Required)	_____ X \$9.00	= \$ _____

STATE DUES		
Chapter State Dues	50 X \$2.00	= \$ <u>100.00</u>
Advisor State Contribution		= \$ _____

REGIONAL DUES		
Chapter Regional Dues	50 X \$ _____	= \$ _____
Advisor Regional Contribution		= \$ _____

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.**