

# FCCLA Chapter Adviser 2014-2015 Membership Affiliation Instructions Getting Started



## **IMPORTANT: Internet Browser Compatibility:**

If your Internet Browser is not listed below, you will need to update or change the Internet Browser that you are using to work in the National FCCLA Affiliation System.

For optimal use of the National FCCLA Affiliation System, use one of the following Browsers:

Internet Explorer version 9 and up

Firefox version 15 and up

Opera version 12.1 and up

Safari version 5.1 and up

Chrome all versions

## 2014-2015 CHAPTER Affiliation:

1. Click on the 2014-2015 CHAPTER Affiliation button



## Login

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### Chapter ID / User Name:

### Password:

Login

Forgot Password

2014 - 2015 CHAPTER Affiliation

First Time Chapter Affiliation

Note: Any field within the Affiliation system that has a RED box around means that the field is a required field

## 2014-2015 Affiliation Screen

Note: Any field within the Affiliation system that has a RED box around means that the field is a required field

1. Complete 2014-2015 Affiliation form fields
2. Click on the **Submit** button
3. Click on the **Done** button

### Note:

1. School Information is the School where the Chapter Resides
2. School Type: The School Type that you select determines the Chapter Affiliation Type that is offered in the Chapter Affiliation Type field i.e. If you select a middle school type, only comprehensive will be listed in the drop down in the Chapter Affiliation Type field
3. Original Join Date: If you do not know the Original Join Date, leave it as today's date and you can edit this field at another time
4. Years of Service: If your Years of Service is 1 to 9 Years, you should enter it as: 01, 02, 03, 04, 05, 06, 07, 08 or 09. Anything above Year 9, would be entered as 10, 11, 12 etc.

### 2014 - 2015 AFFILIATION

#### SELECT OR ENTER SCHOOL INFORMATION

<b>State:</b> Select...	<b>School Type:</b> Select...	<b>School:</b> School
<b>Address 1:</b> Address 1		
<b>Address 2:</b> Address 2		
<b>Address 3:</b> Address 3		
<b>City:</b> City	<b>State:</b> STATE	<b>Zip:</b> Zip
<b>Phone Number:</b> Phone Number	<b>Fax Number:</b> Fax Number	
<b>Website:</b> 		

#### ENTER CHAPTER INFORMATION

<b>Chapter Name:</b> Chapter Name		
<b>Chapter Affiliation Type:</b> Select...		
<b>Original Join Date:</b> 07/29/2014		
<input type="checkbox"/> Chapter Address Same As School Address		
<b>Address 1:</b> Address 1		
<b>Address 2:</b> Address 2		
<b>Address 3:</b> Address 3		
<b>City:</b> City	<b>State:</b> STATE	<b>Zip:</b> Zip
<b>Phone Number:</b> Phone Number	<b>Extension:</b> Extension	<b>Fax Number:</b> Fax Number
<b>Facebook Link:</b> Facebook Link	<b>Twitter Link:</b> Twitter Link	

#### ENTER PRIMARY CHAPTER ADVISER INFORMATION

<b>Prefix:</b> Select...	<b>First Name:</b> First Name	<b>MU/MN:</b> MU/MN	<b>Last Name:</b> Last Name	<b>Suffix:</b> Select...
<b>Title:</b> Title	<b>Gender:</b> Select...	<b>Demographic:</b> Select...		<b>Years Of Service:</b> Years Of Service
<b>Work Phone:</b> Work Phone	<b>Ext:</b> Ext	<b>Work Fax:</b> Work Fax	<b>Work Email:</b> Work Email	
<b>Cell Phone:</b> Cell Phone	<b>Home Phone:</b> Home Phone		<b>Home Email:</b> Home Email	
<b>LinkedIn Link:</b> LinkedIn Link	<b>Password:</b> Password		<b>Confirm Password:</b> Confirm Password	

Cancel Submit

Note: Any field within the Affiliation system that has a RED box around means that the field is a required field

Now that you have entered your chapter information as a Chapter Adviser, an email with your login credentials was generated and sent to you from national headquarters with your new Chapter ID number that you will use to login. If you did not receive your Login Credentials, please contact National FCCLA at [lbuller@fcclainc.org](mailto:lbuller@fcclainc.org).

1. Type your Chapter ID in the Chapter ID / User Name field
2. Type the Password that you entered and received from National FCCLA
3. Click on the **Login** button

Note: As a Chapter Adviser, you will always use your Chapter ID as your User Name to login.



Login

**Chapter ID / User Name:**

User Name

**Password:**

Password

Login

Forgot Password

2014 - 2015 CHAPTER Affiliation

First Time Chapter Affiliation

*Example of Email From FCCLA National with  
Logon Credentials for Chapter Adviser*

From: membership@fcclainc.org  
To: Shannon@RegisterMyChapter.com  
Cc:  
Subject: Your chapter request has been approved

Your chapter request has been approved.  
Your user credentials are below.  
Chapter ID: 10161  
Password: janebrown

Note: Any field within the Affiliation system that has a RED box around means that the field is a required field

## How To Complete the Chapter Adviser Confirmation Screen:

1. Review all of the required fields on the Chapter Confirmation Form
2. Click on the Addresses Link
3. You **MUST** complete the Work Address and Billing Address. The Home and Alternate Address are optional
4. Click on the **Confirm Information** button

CHAPTER ADVISER, PLEASE CONFIRM YOUR INFORMATION.

User Information

<b>Prefix:</b> Mrs. ▾	<b>First Name:</b> Jane	<b>Middle Name:</b> Middle Name	<b>Last Name:</b> Brown	<b>Suffix:</b> Select.. ▾
<b>Office Phone:</b> (203) 842-0384	<b>Extension:</b> Extension	<b>Fax Number:</b> Fax Number		
<b>Email:</b> Shannon@RegisterMyChapter.com	<b>Alternate Email:</b> Alternate Email	<b>Cell Phone:</b> Cell Phone	<b>Home Phone:</b> Home Phone	
<b>Years Of Service:</b> 22	<b>LinkedIn Link:</b> LinkedIn Link			

Addresses

Save And Logout Confirm Information

Note: Any field within the Affiliation system that has a RED box around means that the field is a required field

### How To Complete the Chapter Adviser Confirm Affiliation Screen:

1. Select your Chapter Member Type from the Drop Down List
2. Type in your Original Chapter ID number
3. If your State Adviser setup Districts, you will be required to select your District from the drop down list , if you do **NOT** see a District field on the screen, you will not need to select a District
4. Click on the **Confirm** button

CHAPTER ADVISER, PLEASE CONFIRM YOUR AFFILIATION TYPE.

**Chapter Membership Type:**



**Original Chapter ID:**

PLEASE CONFIRM YOUR DISTRICT / REGION / AREA.

**District:**

Confirm

Note: Any field within the Affiliation system that has a RED box around means that the field is a required field

## How to Add a Secondary Adviser:

1. Click on the Chapter Adviser(s) tab
2. Click on the Add Chapter Staff button
3. Complete the fields on the User Information Screen  
(Note: Adviser Type: You should select Secondary Adviser from the drop down list;  
Years of Service: If your Years of Service is 1 to 9 Years, you should enter it as: 01, 02, 03, 04, 05, 06, 07, 08 or 09. Anything above Year 9, would be entered as 10, 11, 12 etc.)
4. Click on the Addresses Link
5. You **MUST** complete the Work and Billing Address
6. Click on the **Save** button
7. For further affiliation instructions, please see the [Chapter Adviser Affiliation Guide](#).

Members Chapter Information Chapter Adviser(s) Invoice History

Show All Email All Add Chapter Staff

Search

Adviser	Type	Office Phone	Email	Cell Phone	Status	Years Of Service	Invoice Number	Edit
Jane Brown	Primary	(203) 842-0384	Shannon@RegisterMyChapter.com		✓	22		

### User Information

Prefix: <input type="text" value="Select..."/>	First Name: <input type="text" value="First Name"/>	Middle Name: <input type="text" value="Middle Name"/>	Last Name: <input type="text" value="Last Name"/>	Suffix: <input type="text" value="Select..."/>
Office Phone: <input type="text" value="Office Phone"/>	Extension: <input type="text" value="Extension"/>	Cell Phone: <input type="text" value="Cell Phone"/>	Fax Number: <input type="text" value="Fax Number"/>	Home Phone: <input type="text" value="Home Phone"/>
Email: <input type="text" value="Email"/>	Alternate Email: <input type="text" value="Alternate Email"/>	Adviser Type: <input type="text" value="Primary Adviser"/>	Years Of Service: <input type="text" value="Years Of Service"/>	LinkedIn Link: <input type="text" value="LinkedIn Link"/>
Password: <input type="text" value="Password"/>				

### Addresses

Save