Canistota FCCLA Chapter



2017-2018 Membership Form

Please complete the following and turn in to Ms. Knox by October 2nd, 2017:

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can we text you?** Yes No **Do you Have Facebook?** Yes No

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Their email address(es):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address to send information home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am a**: (Circle one)

New Member Returning Member *(Paid Membership Dues in the 2015-2016 School Year)*

I, will remain a member in good standing, attend meetings, follow announcements, deadlines and activities of group and wear appropriate clothing to all FCCLA sponsored events (excluding chapter meetings).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student Signature)

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**Dues:** \_\_**$22.00**\_\_\_\_ **($9.00 National, $3.00 State, $3.50 District,$6.50 chapter)** **Must be paid by November 1st to be an affiliated member.**

Dues MUST be paid by \_\_\_\_\_**Friday, September 22nd**  in order to participate in State and National Programs.

Date Paid: \_\_\_\_\_\_\_\_\_\_ Amount Paid Cash: \_\_\_\_\_\_\_\_\_\_ Check: \_\_\_\_\_\_\_\_\_\_ **(Made payable to CHS FCCLA)**

\*\*For more information about FCCLA please visit [www.sdfccla.org](http://www.sdfccla.org) or [www.fcclainc.org](http://www.fcclainc.org) or ask Ms. Knox!

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**FCCLA Membership Parent Permission Form**

**Student’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade**\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to become a part of CHS Jr/Sr. High School Family, Career, and Community Leaders of America Chapter (FCCLA).

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For chapter records (Ms. Knox will fill out):**

Date paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $22.00 \_\_\_\_student email

Cash or Check Number \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_parent email

 \_\_\_\_locker sign made and hung \_\_\_\_birthday on calendar

Attending District Meeting \_\_\_\_\_\_\_ Paid \_\_\_\_\_\_\_

STAR Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attending State Meeting \_\_\_\_\_\_\_ Paid \_\_\_\_\_\_\_