



## Member Affiliation Information Sheet

Pass this sheet out to each prospective member in order to retrieve the necessary information before logging in to the portal.

**Prefix (select one):** Ms. Mrs. Mr. Miss

**\*First Name:** \_\_\_\_\_

**Middle Initial:** \_\_\_\_\_

**\*Last Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**\*Grade (select one):**

5  
6  
7  
8  
9  
10  
11  
12

**\*Gender (select one):**

Male  
Female  
Non-binary

**\*Demographic (select one):**

African American  
Asian  
Caucasian  
Hispanic  
Native American  
Other  
Pacific Islander

**\*Member Title (select one):**

Chapter Member  
Chapter Officer  
National Officer  
State Officer

**\*Member Email:** \_\_\_\_\_

**\*Member Cell Phone:** \_\_\_\_\_

Member Home Phone: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

The above information is for FCCLA membership purposes only.

\* indicates a required field

*The completion of this form does not imply that you are affiliated with FCCLA. Members must be entered into the National FCCLA Portal and paid in full before they are considered members of FCCLA for the 2020-2021 school year.*

