

# Missouri Family, Career and Community Leaders of America Member Affiliation Form for the 2012-2013 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 date the payment is received to the state office. The Member Affiliation Form and Member Roster must be submitted electronically to: [jamie.iler@dese.mo.gov](mailto:jamie.iler@dese.mo.gov). Chapters must use the official Missouri files/forms provided. Payment (check or money order with a copy of this form) must be mailed to Missouri Family, Career and Community Leaders of America, PO Box 480, Jefferson City, MO 65102-0480.

**PURCHASE ORDERS or CREDIT CARDS ARE NOT ACCEPTED!**

**Chapter ID:** \_\_\_\_\_ **Region:** \_\_\_\_\_

Name of Chapter: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ MO Zip Code: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

**Co-Curricular Chapter?**  Yes  No **School Location?**  Urban  Suburban  Rural  Small Town  
**School Type?**  Elementary  Middle School  Junior/Intermediate  Combine Jr/Sr High  Senior High  Other/Vocational, etc.

***DO NOT ADD ADVISORS WITH MEMBER TOTALS***

# of Males \_\_\_\_\_ # of Females \_\_\_\_\_ Total members for this payment \_\_\_\_\_

**Race/Nationality** (optional) Enter number of members below for this payment.

# Caucasian \_\_\_\_\_ # African-American \_\_\_\_\_ # Asian \_\_\_\_\_

# Hispanic \_\_\_\_\_ # Native American \_\_\_\_\_ # Other \_\_\_\_\_

Number of **Comprehensive/Occupational** Membership for this payment:

# Comprehensive \_\_\_\_\_ # Occupational \_\_\_\_\_

\_\_\_\_\_  
Mr/Mrs/Ms Primary Advisor Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone # (Including Area Code) Email Address

\_\_\_\_\_  
Years as an advisor

**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	<b>1 to 12 members minimum</b>	=	\$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 - \$2.00	Region 13 - \$3.00
Region 04 - \$2.00	Region 09 - \$2.00	Region 14 - \$2.00
Region 05 - \$1.00	Region 10 - \$2.00	

**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](mailto:jamie.iler@dese.mo.gov)**

**\*DECEMBER 20 - DEADLINE FOR OFFICER CANDIDATES AND STAR EVENTS ELIGIBILITY**

**\*MAY 15 - LAST DATE DUES ACCEPTED FOR 2012-13 SCHOOL YEAR THROUGH STATE OFFICE**

## Instructions for Completing the Affiliation Process

### PREPARING TO AFFILIATE

Open and save the Affiliation Form and the Member Roster Form to your computer before you begin. These files are required to be submitted electronically (via e-mail) upon completion to [jamie.iler@dese.mo.gov](mailto:jamie.iler@dese.mo.gov). A printed copy of the Affiliation Form must accompany your payment.

### ABOUT THE CHAPTER

1. LISTING OF MEMBERS - Open the Member Roster Form that you previously saved to your computer. All columns highlighted in yellow and designated with an asterisk (\*) are required fields and must be completed for each member. Enter member names in alphabetical order by last name if possible. Also indicate each member's grade number (i.e. Senior=12, Junior=11), male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive. Save the completed roster to your computer and print 1 copy for your records.
2. CHAPTER DATA - Indicate your chapter identification number and Missouri FCCLA region. If you do not know either of these, contact the state office at 573/-751-7964. New chapters will need to contact the state office to receive and assigned identification number before the affiliation can be completed. Complete the chapter name, school name, address, city, state, zip code, telephone number and fax number on the appropriate lines.
3. CO-CURRICULAR - Indicate if your chapter is co-curricular. Co-curricular is a program that integrates FCCLA chapter activities into the Family Consumer Sciences classroom program of study.
4. SCHOOL LOCATION - Which population best describes the location of your school? Urban (over 100,000), Suburban (75,000 to 100,000), Small Town(15,000 to 75,000), or Rural (under 15,000).
5. SCHOOL TYPE - Check the category that best describes your school.
6. CHAPTER MEMBERSHIP - Complete the number males, females and total members for this payment. **Do not include the advisor in the counts.**
7. RACE/NATIONALITY (optional) - Please complete with the number of members in this payment for each category. This demographic information will be used to determine if we are meeting the program and service needs of all members.
8. COMPREHENSIVE/OCCUPATIONAL MEMBERSHIP - Complete number of comprehensive and occupational members for this payment. Comprehensive members emphasize a variety of Family Consumer Sciences education programs of study, or as determined by the state department. Occupational members are enrolled in educational programs that prepare them for paid employment in a specific Family Consumer Sciences related career.

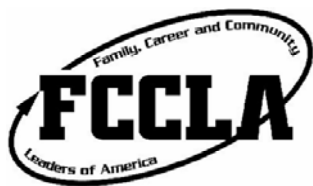
### ABOUT THE ADVISOR

9. CHAPTER ADVISOR - Complete all advisor information.
10. YEARS AS ADVISOR - Complete with the total number of years you have been a chapter advisor. This information will be used to determine the years of service awards.
11. ADDITIONAL ADVISORS - List additional advisor information on a separate sheet. Please include address, phone, email and years as an advisor.

### DUES CALCULATION - NATIONAL, STATE AND REGIONAL DUES MUST BE PAID FOR EACH MEMBER. THERE ARE NO SUBSTITUTIONS OF NAMES.

12. NATIONAL DUES - Indicate the payment for the school year. **The minimum national dues payment for chapters of 1 to 12 members is \$108.00.** Indicate number of **additional** members, multiply by \$9.00 and give total amount of national dues for additional members. Indicate number of advisors, multiply by \$9.00 and give amount of total advisors national dues. Primary advisors are **REQUIRED** to pay \$9.00 dues. Limit dues payment to one per month.  
STATE DUES - Indicate number of all members and advisors, multiply by \$2.00 and give total amount of state dues.  
REGIONAL DUES - Indicate number of members and advisors. Multiply each by regional dues (see regional breakdown) and give total amount of regional dues. **Fees to attend regional meeting are not considered payment for regional dues.** Please contact your regional treasurer advisor if you have questions regarding regional meeting payments.
13. Verify the payment is correct for the number of members listed. Save the completed copy to your computer and print 2 copies of this form. Retain 1 copy for you records and submit 1 copy with payment.
14. **E-mail the completed Affiliation Form and Member Roster files to [jamie.iler@dese.mo.gov](mailto:jamie.iler@dese.mo.gov) prior to mailing the payment.**
15. Prepare **ONE** check or money order to include national, state, and regional dues payable to **Missouri FCCLA**. The state office does not accept purchase orders or credit cards. **Affiliations will only be processed when received with payment, proper paperwork and electronic files.** Mail the completed Affiliation Form and **ONE** check or money order to include all dues to the address shown below.

Early dues payment to the state office by November 1st allows you to receive the membership incentive program from the national office. Members participating in Power of One or Be Part of It! MUST affiliate by February 1st (postmark date) to ensure your chapter's affiliation is forwarded to the national office before March 1st. The last date dues are accepted for the 2012-2013 school year through the state office is May 1st. Affiliations received after June 1st will not be processed.



Missouri Family, Career and Community Leaders of America  
Missouri Department of Elementary and Secondary Education  
PO Box 480  
Jefferson City, MO 65102-0480  
573-751-7964 Fax: 573-526-4261

Email address: [jamie.iler@dese.mo.gov](mailto:jamie.iler@dese.mo.gov)

Missouri FCCLA Website: [www.mofccla.org](http://www.mofccla.org)



*It is the policy of the Missouri Department of Elementary and Secondary Education not to discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator-Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number (573) 526-4757 or TTY (800) 735-2966, fax (573) 522-4883, email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).*