



## Middle Level Affiliation Program (optional)

A special dues structure for FCCLA middle level (grades 8 and below) chapters is available to chapters that qualify. It is designed to accommodate the unique characteristics of middle level programs.

**Note:** Those schools with small enrollments less than 50 students may want to continue to affiliate individual members at \$9 each.

### Specifics of the program are summarized for you below:

- Students in grades 8 and below enrolled in a Family and Consumer Sciences course, a *semester or less in length*, are eligible for chapter affiliation.
- The annual national affiliation fee is \$450, (*This fee covers all students in your class any time during the year*), which entitles each eligible chapter to receive 50 copies of *Teen Times*.
- In schools with grades 6-12, only those in grade 8 or lower are eligible for the middle level chapter membership. Others must join as individuals.
- National middle level chapter affiliation is available only if the state offers chapter affiliation as well. **An additional state affiliation fee may also be required.**
- **Middle level affiliation for grades 8 and below is optional.** Those schools with small enrollments may want to continue to affiliate individual members at \$9 each.
- If a middle level chapter is affiliated, any member of that chapter may participate in any FCCLA national program or meetings. Verification of their enrollment in the class will be required.
- For determining STAR Events eligibility, advisers will be asked to include a computer-generated class roster with the STAR Events Registration Form.
- Advisers will be asked to provide their enrollment figures and name roster for the year when dues are paid so an approximate membership count is available.
- For purposes of determining voting delegate strength, chapters affiliated through this program will be assumed to have 50 members.

### Check with your state adviser to find out if your state participates in the middle level affiliation.

Middle level advisers are encouraged to integrate their FCCLA chapter into the Family and Consumer Sciences curriculum. The *Middle Level Comprehensive Guide* includes lesson plans for FCCLA national programs for 6-week, 9-week, and full-semester Family and Consumer Science classes.

Download **Step One**, a membership piece designed to take students on an expedition to learn more about FCCLA.

### Keep in mind there are two ways to affiliate your middle level chapter.

1. Affiliate by paying per chapter member, using the standard FCCLA chapter affiliation process.
2. Affiliate using the special dues structure offered through the middle level affiliation program.

**Please take a moment to read the instructions before completing the form.**

## Instructions for Completing the Middle Level Form

Please use a blue or black ballpoint pen.

### About the Chapter

- 1. LISTING OF MEMBERS:** Please attach 2 typed or computer-generated lists of members names in alphabetical order. Also indicate each member's grade number, male or female, and select either comprehensive or occupational. If left blank or incorrect, student will be designated as comprehensive.
- 2. CHAPTER DATA:** Complete with chapter ID, the chapter name, school name, address, city, state, zip code and four-digit zip code extension, telephone number, and fax number on the appropriate lines. Leave the chapter ID field blank if you are a new chapter, and instead check the "New Chapter" box. A number will be assigned when the affiliation is received at national headquarters. Please use the chapter identification number (ID) when contacting national headquarters.
- 3. CO-CURRICULAR:** Indicate if your chapter is co-curricular (a program that integrates FCCLA chapter activities into the FACS classroom program of study) by marking the appropriate box.
- 4. POPULATION INFORMATION:** Which population best describes the location of your school? Urban (300,000 +), Suburban (75,000–300,000), Small Town (15,000–75,000) or Rural (15,000 or less).
- 5. SCHOOL TYPE:** Check the category that best describes your school.
- 6. CHAPTER MEMBERSHIP:** Complete the number of males, females, and the total members included in this payment. Also, give the total number of members affiliated for the year-to-date. Do not include adviser(s) in the counts.
- 7. CHAPTER TYPE (REQUIRED):** A comprehensive student is one enrolled in general courses in a Family and Consumer Sciences program. An occupational student is one who has completed or is currently taking a concentrated program that prepares individuals for paid employment.
- 8. RACE/NATIONAL ORIGIN (optional):** Please complete with the number of members in this payment for each category. This demographic information will be used to determine if FCCLA is meeting the program and service needs of all members.

### About the Adviser

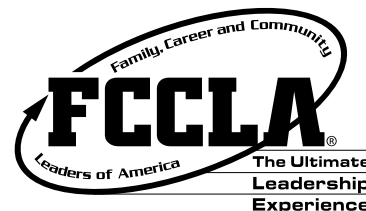
- 9. CHAPTER ADVISER:** Complete the adviser information.
- 10. YEARS AS ADVISER:** Enter the total number of years you have been a chapter adviser. This information will be used to determine the years of service awards.
- 11. E-MAIL ADDRESS:** Please provide, if available. National headquarters will use your e-mail address to inform you about FCCLA updates and partnership opportunities.
- 12. ADDITIONAL ADVISERS:** List additional adviser names. You may include their addresses on a separate sheet.

### Dues Calculation

- 13. DUES:** Give the amount of national and state dues, national and state adviser contributions, and other fees (if applicable) included in this payment. Both state and national dues must be paid and there are no substitutions of names. Please mark method of payment.
- 14.** Have the chapter adviser and chapter president sign and date the completed form. Please include your chapter president's home address. This information will be used by state associations wishing to communicate directly with the chapter presidents.

Make two copies of the completed Member Affiliation Form and Member Roster. Keep one copy for your records and submit two copies to national and state with payment to the address shown on the 2010–2011 State Dues List.

**ALL AFFILIATIONS MUST BE POSTMARKED BY MAY 31 FOR THE 2010-2011 MEMBERSHIP YEAR. EARLY DUES PAYMENT POSTMARKED BY NOVEMBER 30 HELPS ASSURE THAT YOUR MEMBERS RECEIVE A FULL YEAR OF SERVICES. MEMBERS IN NATIONAL STAR EVENTS, THOSE APPLYING FOR NATIONAL FCCLA PROGRAM AWARDS OR MEMBERSHIP ACHIEVEMENT AWARDS. MUST AFFILIATE BY MARCH 1 (POSTMARK DATE).**



**Family, Career and Community  
Leaders of America, Inc.**  
Lock Box Operations  
P.O. Box 718, Dept. D  
Baltimore, MD 21203-0718  
(703) 476-4900

# 2010–2011 Middle Level Affiliation Form

1. Make two copies of the completed Member Affiliation Form and Member Roster. Keep one copy for your records and submit two copies to national with payment to the address shown on the 2010-2011 State Dues List.
2. Chapter ID Number \_\_\_\_\_ OR  New Chapter  
 Name of Chapter \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ — \_\_\_\_\_  
 Telephone # (include area code) \_\_\_\_\_ Fax # \_\_\_\_\_
3. Co-curricular Chapter?  Yes  No
4. School Location:  Urban  Suburban  Small Town  Rural
5. Check your school type:  
 Elementary  Middle School  Junior High/Intermediate  Combined Jr/Sr High
6. # of Males \_\_\_\_\_ # of Females \_\_\_\_\_ Total # for this payment \_\_\_\_\_ Total # YTD \_\_\_\_\_
7. Chapter Type (required). Enter number of members for this payment below:  
 # Comprehensive \_\_\_\_\_ # Occupational \_\_\_\_\_
8. Race/National origin (optional). Enter number of members for this payment below:  
 # African-American \_\_\_\_\_ # Caucasian \_\_\_\_\_ # Asian \_\_\_\_\_  
 # Hispanic \_\_\_\_\_ # Native-American \_\_\_\_\_ # Others \_\_\_\_\_
9. Mr/Mrs/Ms \_\_\_\_\_  
Adviser First Name Middle Initial Adviser Last Name  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ — \_\_\_\_\_  
 Telephone # (include area code) \_\_\_\_\_
10. Years as an adviser \_\_\_\_\_
11. Adviser e-mail address \_\_\_\_\_
12. The additional advisers for this chapter are (list home addresses on separate sheet): \_\_\_\_\_

Please refer to the instructions for completing forms.

Send dues payment to:

FCCLA Lock Box Operations  
 P.O. Box 718, Dept. D  
 Baltimore, MD 21203-0718



### 13. DUES

Both state and national dues must be paid for each member. Overpayment of \$10.00 or less will not be refunded. **No substitution of names.**

This is which dues payment of the school year?  1st  2nd  3rd or more

	AMOUNT
Chapter National Dues (Middle Level Only)	= \$ 450.00
Adviser National Contribution*	= \$ _____
Chapter State Dues	= \$ _____
Adviser State Contribution	= \$ _____
Chapter/District Fee	= \$ _____
<b>TOTAL</b>	<b>= \$ _____</b>

#### Method of Payment

Check # \_\_\_\_\_  PO # \_\_\_\_\_

VISA  MASTERCARD

Credit Card # \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Card Holder Signature \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Each member's national dues includes \$4.00 for a one-year subscription to *Teen Times* magazine. Nonmember subscriptions to *Teen Times* are \$8.00.

14. Chapter Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

Chapter President Signature \_\_\_\_\_ Date \_\_\_\_\_

President's Home Address \_\_\_\_\_

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

ALL AFFILIATIONS MUST BE POSTMARKED BY MAY 31 FOR THE 2010-2011 MEMBERSHIP YEAR. EARLY DUES PAYMENT **POSTMARKED BY NOVEMBER 30** HELPS ASSURE THAT YOUR MEMBERS RECEIVE A FULL YEAR OF SERVICES. MEMBERS IN NATIONAL STAR EVENTS, THOSE APPLYING FOR NATIONAL FCCLA PROGRAM AWARDS OR MEMBERSHIP ACHIEVEMENT AWARDS MUST AFFILIATE BY MARCH 1 (POSTMARK DATE).

\* All contributions are tax deductible as donations to a 501(c)(3) organization.

1910 Association Drive  
Reston, VA 20191-1584



## MEMBER ROSTER (Middle Level)

Submit 2 copies of this form or a computer-generated reproduction with 2 copies of your member Affiliation Form. Please verify that counts written on the Member Affiliation Form match the totals below and payment is for the number of students listed. There will be no substitutions of names.

School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Chapter Name \_\_\_\_\_ Chapter # \_\_\_\_\_

Adviser \_\_\_\_\_

Student Name (Alphabetized by last name)	Grade	Male (M) or Female (F)	Comprehensive (C) or Occupational (O)*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

\* Select only one. If left blank or incorrect, student will be designated comprehensive.

Total # Males \_\_\_\_\_ Total # Females \_\_\_\_\_ Total # Comprehensive \_\_\_\_\_ Total # Occupational \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_