



Alcester-Hudson FCCLA Chapter 2021-2022 Membership Form

Name: _____

Birthday (M/D/Y): _____ Grade (7th-12th): _____ Age: _____

Student Phone #: _____ Parent Phone #: _____

Student E-Mail: _____ Parent Email: _____

T-Shirt Size (Adult Sizes): _____ Dress Shirt Size: _____

Membership Dues: \$15 (\$9.00 National, \$6.00 State)

*Membership Dues must be paid by the end of 1st Semester - 2021 in order to participate in Local, State and National FCCLA Events!

FCCLA Membership Student and Parent Agreement

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

(Student Signature)

Student's Name: _____ **Grade** _____ has my permission to become a member within the chapter of Alcester-Hudson Family, Career, and Community Leaders of America (FCCLA).

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ **Date:** _____

Payment Information *(For Treasurer Use Only)*

Date Paid: _____ Amount Paid: _____ Cash/Check: _____ (Made Payable to AHHS FCCLA)

For more information about FCCLA please visit our school website or contact Mrs Terpstra at school 605.934.1890!