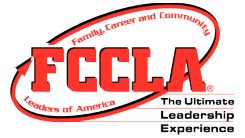


FCCLA Chapter Membership Application



Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell phone _____

E-mail: _____ Grade: _____ Homeroom: _____ Age: _____

Be sure to "Like" us on Facebook and follow us on Twitter and Instagram. (@dentonhighfccla)

I am a: (Circle one)

- New member
- Returning member of ____ years

T-shirt Size _____

I am interested in: (Circle all of interest)

- Participating in planned events
- Community service
- Chapter service
- Fundraising activities
- Becoming an officer
- Participating in competitive STAR Events

Due Date
____/____/____

I will serve on the following committees: (Circle all of interest)

- Homecoming
- Membership/ Star Events
- Community Service
- Government
- Other _____

I, _____ will remain a member in good standing, attend meetings, get copies of minutes, follow announcements, deadlines and activities of group and wear appropriate clothing to all FCCLA sponsored events.

(Student Signature)

Dues: \$16.00 USD Denton High School FCCLA Chapter Dues

Date Paid _____ Amount Paid _____ Cash _____ Check # _____

If paid by check, please write Name, Address, Phone Number and Driver's License Number on check and include the students school ID number in the memo field.

**** All checks need to be made out to the Denton High School FCCLA.**

FCCLA Chapter Permission Form

Student's Name _____ **Grade** _____ has my permission to become a part of the Denton High School Family, Career, and Community Leaders of America Chapter (FCCLA).

Parent/Guardian Signature _____ Date _____