



Vista Ridge High School FCCLA Member Affiliation Information Sheet

***First Name:** _____ **Middle Initial:** _____

***Last Name:** _____ **Student ID:** _____

***Grade (circle one):** 9, 10, 11, 12

Highlight the Family Consumer Science class you currently attend or the class you have previously attended:

Culinary Arts	Ready, Set, Teach	Principles of Human Services
Interpersonal Studies	Interior Design	Family & Community Service
Nutrition & Wellness	Fashion Design	Human Growth & Development

***Member Title (circle one):** Chapter Member, Chapter Officer

***Member Email:** _____

***Member Cell Phone:** ()

***Member Home Phone:** ()

***Member Date of Birth:** / /

*The above information is for FCCLA membership purposes only (As requested on the national membership website) * indicates a required field*

Special Interests in FCCLA:

Leadership ____ Service to Others__!____ Competitions_____

Please list specific items you would like to participate in if known:

Parent/Guardian Contact Information:

Parent/Guardian Name:

Phone Number:

Parent Email:

Dues are \$30. Dues must be paid online. Please use the QR Code below.

I hereby verify that I will follow the terms and conditions of the Austin FCCLA bylaws and the Austin Student code of conduct.

Signed (Member) _____

Signed (Parent or Guardian) _____

Scan this code to pay your dues online:



Advisor Use Only:

Permission Slip Received

Payment Verified