

California FCCLA  
**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Home Address \_\_\_\_\_  
Street or Box Number City State Zip Code

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Number of years enrolled in Family and Consumer Sciences \_\_\_\_\_

Circle grades 6 7 8 9 10 11

Number of years membership in FCCLA \_\_\_\_\_ Circle grades 6 7 8 9 10 11

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**CHECK ONE**

I want to be an:

☐ Active paid member

☐ Active unpaid member

I want to be an FCCLA member because:

**CHECK ALL THAT APPLY**

FCCLA positions and activities I want to be involved in:

☐ Leadership development

☐ Committee chair

☐ Officer

☐ Social and recreational activities

☐ Personal growth

☐ Career exploration

☐ Competitive recognition events

☐ Earning scholarships

☐ Fund raising

☐ Community service

☐ Public relations

☐ Public relations

☐ School service projects

☐ Travel

☐ Chapter, region and state degree program

☐ Public speaking/presentations

Some information about me: (hobbies, favorite color, favorite food, career goals, favorite movie, etc.)

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I will pay the dues of \$ \_\_\_\_\_ by the due date of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name