#  ALABAMA CHAMPION APPLICATION FORM FOR RECOGNITION

### AND

##  **100% MEMBERSHIP APPLICATION FORM FOR RECOGNITION**

**APPLICATIONS MUST BE EMAILED BY JANUARY 15.**

 PLEASE PRINT OR TYPE YOUR INFORMATION

|  |  |
| --- | --- |
| Name of Chapter |       |
| School Name |       |
| School Address |       |
| City/Zip  |       |
| School Phone  | (     )      |
| Adviser’s Name |       |
| If more than one adviser, list all names |       |
| Principal’s Name |       |
| Previous Year Chapter Membership |       |
| Present Year Chapter Membership |       |
| We have met one of the requirements to become an Alabama Champions Chapter. Check the appropriate box. |  |
|       | We affiliated\* 10 more members than last year. |
|       | We affiliated\* as a new chapter (one that did not affiliate last year) with at least 15 members. |
|       | We affiliated\* over 100 members. |
|       | We have 100% membership. (100% of your students are members of FCCLA) |
|       | Total number of students enrolled in the FACS program. |
|       | Total number of FCCLA members. |
| \*Affiliated means the dues and membership affiliation form for FCCLA chapter has been received at national headquarters. Dues must be received in the national office and this application form must be sent to the state office, Emailed by January 15 to qualify for recognition. |
| I certify the above information in this application is correct. |  |
| Chapter President |       | Date |       |
|  (Signature)\* |  |
| Chapter Adviser  |       | Date |       |
|  (Signature)\* |  |
| **Send Alabama Champions Application and 100% Membership Application by February 15 to:** |  |
| Esther Hicks, FCCLA State Adviser | Email: ehicks2@alsde.edu |
| State Approved |       | Date |       |

\*Type in signature to use via Email.