# iRecruit

**Alabama Membership Increase Project**

To encourage an increase in membership, the 2018-2019 State FCCLA Executive Council has elected to establish the Alabama iRecruit Membership Increase State Project. A local chapter will receive the distinguished recognition of having the largest percentage increase of members by increasing their membership for the current academic year, August 1 – July 31. This application, along with required documentation, must be mailed to the state adviser by **January 15** for a chapter to receive this honor. Applications from chapters meeting the criteria for this award will be reviewed. The winning chapter will receive a special chapter award and be recognized at the state leadership conference. ***Note: This state project does not lead to a national project award.***

**APPLICATIONS *MUST* BE POSTMARKED BY JANUARY 15**

**PLEASE 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’s Chapter Membership | | |  | | | | |
| Present Year’s Chapter Membership | | |  | | | | |
| Percentage Increase of Chapter Membership | | |  | | | | |
| **Please attach your chapter affiliation forms for this academic year and the previous academic year. (**These forms can be downloaded and printed from the national Web site, [www.fcclainc.org](http://www.fcclainc.org). Affiliated means the dues and membership affiliation form for an FCCLA chapter have been received at national headquarters.) | | | | | | | |
| I certify the above information in this application is correct. | | | | | | | |
| Chapter President |  | | | | | Date |  |
| (Signature)\* | | | | | | | |
|  | | | | | | | |
| Chapter Adviser |  | | | | | Date |  |
| (Signature)\* | | | | | | | |
| **Email Application by February 15 to:** | | | | | | | |
| Esther Hicks, ALAFCCLA State Adviser | | | | | Email: [ehicks2@alsde.edu](mailto:ehicks2@alsde.edu) | | |
| State Approved |  | | | | | Date |  |

\*May type in signature to use via e-mail or print and sign for mailing or fax.