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**Alabama Membership Increase Project**

To encourage an increase in membership, the 2021-22 State FCCLA Executive Council has elected to continue 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, 2021 – July 31, 2022. This application, along with required documentation, must be [submitted](https://drive.google.com/drive/folders/1x6bWX2mmQUo3C9R9NN7KrootwIgUclm6?usp=sharing) 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 SUBMITTED 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 affiliation Web site, [registermychapter.com](https://affiliation.registermychapter.com/fccla). Affiliated means the dues and membership affiliation form for an FCCLA chapter have been received at national headquarters.) Attach all documents as one and title with chapter name in the google folder. | | | | | | | |
| I certify the above information in this application is correct. | | | | | | | |
| Chapter President |  | | | | | Date |  |
| (Signature)\* | | | | | | | |
|  | | | | | | | |
| Chapter Adviser |  | | | | | Date |  |
| (Signature)\* | | | | | | | |
| **Submit Application by January 15 to:** | | | | | | | |
| Theresa Long, ALAFCCLA State Adviser | | | | | [IRecruit Google Folder](https://drive.google.com/drive/folders/1x6bWX2mmQUo3C9R9NN7KrootwIgUclm6?usp=sharing) | | |
| State Approved |  | | | | | Date |  |