

Oklahoma Membership Campaign

100% FACS Participation Application



Recognition for chapters who have 100% of FACS students in FCCLA.
Applications due in the State Office March 1

Adviser Information

First Name

Last Name

Email: _____

Chapter Information

Chapter Name

Chapter ID

School Information

School Name

Address

City

Zip Code

School Phone

School Fax

FACS Participation Information

_____ Total number of students enrolled in the FCCLA Adviser's own FACS classes

_____ Total number of students in FCCLA

***Attach name list of students who are in FACS classes and FCCLA**

*School Administrator's Signature

*School Administrator's signature verify's that all students listed are the total number of students enrolled in the FCCLA Adviser's own Family and Consumer Sciences classes.