

# Oklahoma Membership Campaign



## 50% FACS Participation Application

Recognition for chapters who have 50% 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.