

## FCCLA Member Participation Checklist

Name:		Grade:	
Address:			
City/State:		Zip:	
Telephone:		Birthdate:	
Email:			
Check the activities that interest	you.		
<ul> <li>□ give demonstrations</li> <li>□ prepare and set up displays</li> <li>□ arrange for guest speakers</li> <li>□ participate in competitive events</li> <li>□ write newspaper articles</li> <li>□ plan recreational activities</li> <li>□ make arrangements for special events</li> <li>□ organize chapter files</li> <li>□ take chapter photographs</li> </ul>	<ul> <li>□ write scripts for progra</li> <li>□ help manage chapter fi</li> <li>□ help with chapter cerer</li> <li>□ participate in a radio programation of the participate in a radio programation of the participate in panel discussions</li> <li>□ be a meeting host/host</li> <li>□ lead group discussions</li> <li>□ help maintain and update chapter records</li> </ul>	of work  write letters  work on the chapter scrapbook  shows  shows  cussions tess  of work  write letters  work on the chapter scrapbook  share artistic talents (and and and and and and and and and and	such
Give your first, second, and third	·	on which you would like to work th	is vear
Career Connection	Hospitality	Recognition/Scholarship	io youii
Community Service	Leaders at Work	Recreation	
Dynamic Leadership	Membership	STAR Events—Students Taki	ing
FACTS—Families Acting for Community Traffic Safety	National Outreach Project	Action with Recognition  State Projects	
Families First	Power of One	Step One	
Finance Financial Fitness	<pre> Program Public Relations</pre>	<ul><li>STOP the Violence—Student</li><li>Taking On Prevention</li><li>Student Body</li></ul>	ts
Class Schedule (	Class	Teacher Room	#
1st period			
2nd period			
3rd period			
4th period			
5th period			
6th period			
7th period			
8th period			