

# Spring 2010 FSA Membership Form

Attach \$10.00 Semester Dues and Submit to an FSA Officer \_\_\_\_\_ (Office Initial when Paid)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Blackboard User: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Classification: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

Would you like to serve in FSA Leadership? \_\_\_\_\_

Would you like to be added to the FSA directory? \_\_\_\_\_

I am a member of the following professional organizations:

\_\_\_\_\_ Texas Association of Family & Consumer Sciences (TAFCS)

\_\_\_\_\_ American Association of Family & Consumer Sciences (AAFCS)

\_\_\_\_\_ National Council on Family Relations (NCFR)

\_\_\_\_\_ National Association for the Education of Young Children (NAEYC)

\_\_\_\_\_ Family & Consumer Sciences Teachers Associations of Texas (FCSTAT)

Are you able to pay the \$10 membership fee for FSA? If not, please explain.

Have you been a member of FSA before? If so, when?

How would you like to benefit from FSA this semester?

I understand that I must participate in community service projects (3 in reach & 2 out reach) to be eligible for all the benefits of FSA and attend at least 2 meetings per semester. It is my responsibility to ensure that the officers are made aware of my efforts.

X \_\_\_\_\_

Signature

(Please use back for any additional comments)