

ND FCCLA Payment Form

Please complete the form below AND attach it to all payments made to ND FCCLA



NORTH DAKOTA
STATE ASSOCIATION

Send form and money to:
ND CTSO Fiscal Office
PO Box 6022
Bismarck, ND 58506

All checks should be written out to: ND FCCLA

Please Indicate purpose of payment: (check all that apply)

District _____ Leadership Development Funds in the amount of \$ _____

District _____ STAR Events registration in the amount of \$ _____

Senior Honor Award from the _____
chapter in the amount of \$ _____

JDRF: State Service Project Contributions from the _____
chapter in the amount of \$ _____

State Convention Registration from the _____
chapter in the amount of \$ _____

Chapter Name: _____ Adviser Name: _____

Email: _____ Date: _____

Advisers: Please provide copies (electronic or hard copies) to your district business manager or person responsible for writing checks from your chapter or district activities.