



Family, Career and Community Leaders of America

Missouri Association

Missouri Department of Elementary and Secondary Education

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Credit Card Authorization Form

In consideration of being permitted to register and enter into the Missouri FCCLA Fall Leadership Conference without having provided payment of the conference registration fee, I hereby authorize payment to be made to Missouri FCCLA on my credit card on November 8, 2024 for \$_____, on behalf of _____ (Chapter Name) for the conference registration fee plus a 20% convenience fee, unless I provide payment of the conference registration fee by some alternate method prior to November 7, 2024.

_____ Name

_____ Chapter

_____ Email Address

_____ Phone Number

CREDIT CARD INFORMATION

Credit Card Type: MC V AMEX DISC

_____ Credit Card Number

_____ Expiration Date

_____ Security Code

_____ ZIP Code

Billing Address:

_____ Street Address

_____ City, State ZIP Code

_____ Name on Card

_____ Signature of Cardholder