



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 June 2, 2025 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 June 1, 2025.

\_\_\_\_\_  
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