

AFFILIATION CERTIFICATION

The _____ FFA chapter, TX #_____, located on the _____ campus of the _____ School District has opted to pay an affiliation fee based on total agriculture, food and natural resources student enrollment.* Texas FFA Association reserves the right to verify all information submitted.

I hereby attest that, to the best of my knowledge, the names being submitted via the electronic roster system represent all students enrolled in agriculture, food and natural resources courses or courses being counted as agriculture, food and natural resources courses for the current academic year. I understand that falsification of enrollment data is an ethics and may result in suspension of the program’s state charter or other sanctions pursuant to Texas FFA policy.

Signature of Principal or Superintendent Printed Name Date

Principal or Superintendent’s Primary Phone Contact: _____

Principal or Superintendent’s E-mail Address: _____

*For programs which participated in program affiliation the prior school year, the fee is based on final annual enrollment for the previous year. (Texas FFA Policy 3.4(d)).

****Completed Certification Forms must be received in the Texas FFA office by November 1****