

# 2008-2009 FBLA-PBL State and National Officer Application

Name \_\_\_\_\_ Current GPA \_\_\_\_\_  
(Copy of current grades attached)  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ (Mandatory)  
School \_\_\_\_\_ Phone \_\_\_\_\_  
Adviser \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Office Seeking

\_\_\_\_\_ PBL Treasurer  
\_\_\_\_\_ PBL Public Relations  
\_\_\_\_\_ FBLA Web Master

## FBLA-PBL Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FBLA-PBL Offices Held

\_\_\_\_\_  
\_\_\_\_\_

## Business Classes (\*\*Future Classes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Goals if Elected to Office

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Other School Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Commitments for Next Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Work Experience (Include duties—attach additional sheet if necessary)

\_\_\_\_\_

FBLA-PBL length of membership (years/and/or months) \_\_\_\_\_

I have read the Guidelines for Officer Candidates and State Officer Responsibilities forms and agree to follow them. I understand that I am not an officer candidate until approved by the officer screening committee. I give my permission to have the information on this application reproduced by the State for use in the officer candidate program. My chapter president and adviser understand that should I win a state or national office, I must place my state or national PBL responsibilities ahead those of my chapter. If elected, I agree to fulfill my responsibilities to the best of my ability. I have read the above information and agree to uphold these responsibilities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

We, the undersigned, certify that we have read this application and the Guidelines for Officer Candidates and feel that this candidate is qualified for the position noted. Our records indicate that this candidate is a member in good standing and that his/her dues were forwarded to the National Office on or about \_\_\_\_\_. We agree to support him/her to the best of our ability during his/her tenure .

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
Chapter Adviser



