

RI FBLA STATE TEAM APPLICATION FORM

2019-2020

Elected Positions

President: _____ Vice President: _____ Secretary: _____ Treasurer: _____ Reporter/Historian: _____

Appointed Positions: Web Assistant: _____ Membership Assistant: _____

NAME: _____ CHAPTER: _____

ADDRESS: _____

ADVISER: _____ YEARS IN FBLA _____

PHONE: HOME: _____ CELL: _____

GRADE: _____ E-MAIL: _____

On separate paper, please address the following:

1. In 100 words or less, provide a summary of your grades and how your FBLA experience for the position you have checked will contribute to the success of the State Organization.
2. Provide a list of the business/business related courses/grades you have completed.
3. Provide a brief description of the leadership positions you have held in your local or state chapter.
4. List the awards and honors you have received as an FBLA member.
5. Provide any work experience you feel would contribute to the success of the State Organization.

Requirements of State Officers:

1. Attend monthly State Team/Adviser Meetings held during the school year. Additional meetings include scheduled State Executive Council meetings during the year, beginning with the FBLA "kick-off" held in September.
2. Attend the State Fall Leadership Conference (October/November), the February Officers' Leadership Summit (February), the State Leadership Conference (February) and the SLC Awards Banquet (March). All team members are strongly encouraged to attend the National Fall Leadership Conference and the National Leadership Conference.
3. Perform all assigned state team responsibilities.
4. Participate in the annual State Fundraiser and Advertising Campaigns.
5. Maintain the highest degree of personal honor, integrity and ethics.
6. Cooperate with your school, chapter adviser(s), and FBLA members.
7. Make FBLA a priority. Visit www.fbla-pbl.org for more information on national FBLA.
8. Reporter/Historian: Publish a minimum of four (4) state newsletters: October, December, February, and May and prepare a state scrapbook (official scrapbook provided). Knowledge of Publisher.

All applications must be reviewed with and signed by the chapter adviser and signed by parent/guardian.

Applicant Signature: _____ Date: _____

Adviser Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

POST MARK APPLICATION AND SUPPORTING DOCUMENT(S) BY FEBRUARY 16.

MAIL TO DR. ROBERT BROOKS, 145 STONEDALE ROAD, WARWICK, RI 02889