



Washington State Phi Beta Lambda

STATE OFFICER CANDIDATE APPLICATION

(Please Type or Print)

Candidate's Name

Office Desired

Major

Academic Standing & Cumulative GPA

Address

City

State

Zip

Phone Number

Email Address

Local Chapter Name

Greek Title

ID Number

Address

City

State

Zip

Phone Number

Email Address

Local Chapter Adviser

Phone Number

Email Address

Years in FBLA-ML / FBLA / PBL / PD

Highest Level of BAA / CMAP

Past and Present FBLA-PBL Activities:

FBLA-PBL Offices Held and Term of Office:

Business Courses Taken or Currently Enrolled:

Awards, Honors, and Special Recognition:

Awards, Honors, Special Recognition, and Leadership Roles (non-PBL involvement):

Official Bio (if elected or appointed, 100-word max):

Career Goals/Aspirations & Other Items of Interest About You:

Describe your priorities and goals as a State Officer:

How would you increase retention and recruitment in PBL Chapters?

If elected (or appointed in the case of the state parliamentarian) to serve FBLA-PBL as a member of the State Officer Team:

- I agree to remain committed to my education and family obligations, and:
- Make FBLA–PBL state service my top priority after my education and family responsibilities.
- Follow the FBLA–PBL Officer Handbook rules, guidelines, and responsibilities.
- Cooperate with my school, adviser, local chapter, state chapter, and national association throughout the year.
- Attend all required meetings, activities, and events.
- Perform all assigned officer responsibilities in a timely manner.
- Keep my school administration, local adviser, state liaisons informed of all activities.
- Maintain the highest degree of personal honor, integrity, and ethics.

Code of Conduct Certification:

As a state officer, I agree that I will abide by the prescribed code of conduct. By checking this box, I certify my agreement.

Candidate's Signature

Date

A resume and a cover letter briefly outlining my reason for seeking this office is attached, as well as a headshot photo in business attire (in FBLA-PBL uniform, if available).

The _____ (Local Chapter Name) agrees to assist and support the candidate in carrying the duties of this state office if elected or appointed.

Local Chapter Adviser Signature

Local Chapter President Signature

Washington State Chapter of Phi Beta Lambda.