AREA IV FFA ASSOCIATION

Traditions from the Past – Planning for the Future

OFFICER APPLICATON FORM

This form is to be completed, notarized, and uploaded to the District Degree Check link on judgingcard by the respective District Degree Check deadline. Failure to enter and upload all necessary documents will prevent candidates from running for Area office at the district level.

District _____Candidate for Area President (circle) ***Yes*** ***No***

Candidate Information:

_____
First Name Middle Last

_____
Address City Zip

_____
Home Phone Cell Phone E-mail

_____
Parents Name Grade (next school year)

School/Chapter Information:

_____
School/Chapter Advisor(s)

_____
School Address City Zip

_____
School Phone Fax Advisor E-mail

Certifying Signatures: This candidate is eligible to hold office in the Area IV FFA Association.

_____
Parent/Guardian(s) Date

_____
Chapter Advisor(s) Date

_____
Candidate Date

State of _____County of _____ The foregoing instrument was acknowledged before me this _____ day of _____, 20 ___. By _____.

_____Notary Public