

**ARKANSAS ASSOCIATION OF DECA
NOMINATION FORM FOR NATIONAL OFFICE**

OFFICE SOUGHT _____

Name _____

Home Address _____

City/Zip _____ Home Phone _____

Parents' Full Name _____

Name of School _____

Career Objective _____

Three Letters of Recommendation Attached: ____ Yes ____ No

DECA Offices Held:

Other Offices Held	From – To	Name of Organization	Number of Members
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The above named candidate is a member in good standing of this Chapter and is a qualified delegate to the State Career Development Conference. To the best of my knowledge all information submitted on, with, or attached to this nomination form is factual and exists as presented. I personally can vouch for the qualifications of this candidate for this office and I agree to actively aid and support this student, if elected.

Chapter Advisor's Signature

GPA: _____

Attach transcript of grades (must have a 2.5 average for the two previous completed semesters prior to the National DECA Conference.)