

**Local FFA Chapter Nomination
of a State Officer Candidate**

Name of Chapter _____

Name of the Officer Candidate Nominee _____

Particular Office Candidate is Seeking _____

Home Address of Nominee _____

_____ **Zip Code** _____

Home Phone Number of Nominee _____

Personal Email Address of Nominee _____

Full Name of Parents or Guardian of Nominee _____

Name of Local/Area Newspaper of Nominee _____

To the best of your knowledge, does the Nominee meet requirements to receive the State FFA Degree? _____ **Yes** _____ **No**

Is the local FFA chapter recommending the above Nominee as a candidate for state FFA office by a majority vote of the local FFA membership? _____ **Yes** _____ **No**

Superintendent Signature

FFA Chapter Advisor Signature

Principal Signature

Parent or Guardian Signature

FFA Chapter Officer Signature
(One other than the Nominee)

THIS COMPLETED FORM MUST BE RECEIVED IN THE STATE FFA OFFICE BY FEBRUARY 1.