

Ready? Set. Recruit!

CHAPTER PARTICIPATION FORM

2011-2012 Entry Form



Tell us about yourself . . .

Chapter Name/School: _____

School Address: _____

City, State ZIP: _____

Adviser Name: _____

Adviser E-mail Address: _____

Tell us which Chapter(s) you recruited . . .

1. Activated/New Chapter:	Chapter Street Address:	Chapter City, State ZIP:
Chapter Activation Date:	Number of Members:	Adviser Name:
2011-2012		
2. Activated/New Chapter:	Chapter Street Address:	Chapter City, State ZIP:
Chapter Activation Date:	Number of Members:	Adviser Name:
2011-2012		

I certify that the above Chapter(s) was recruited by my Chapter and is registered with the National Office as an active Chapter.

X _____ Date: _____
Adviser's Signature

_____ Chapter Number: _____
Chapter Name

All forms must be postmarked by February 15 and mailed to:

Washington State FBLA
 5622 Pacific Avenue SE
 Suite 3
 Lacey, WA 98503

Membership payments must be sent to the National Office. Washington State FBLA will refund your membership fees.