

7.17.2

Illinois Association of SkillsUSA

OFFICER CANDIDATE REGISTRATION FORM

FY _____

(CIRCLE ONE OFFICE)

ELECTED
IN THE SPRING

ELECTED
IN THE FALL

REGION OFFICE:

Chair. Rec. Vice-Chair. Hist.

STATE SECONDARY OFFICE: Pres. Sec. Treas.

V-Pres-N. V-Pres-S. Parl. Hist.

STATE POSTSECON. OFFICE: Pres. Sec. Treas.

V-Pres.

(Circle one Region)

REGION: 1 2 3 4 5 6 7

(Please complete all information that is requested.)

NAME: _____ AGE: _____ GRADE: _____

DATE OF BIRTH: _____ HOME PHONE: _(_____)_____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

ADVISOR: _____ TITLE: _____

SCHOOL: _____ SECTION: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

SCHOOL PHONE: _(_____)_____ SCHOOL FAX: _(_____)_____

ADVISOR'S EMAIL: _____