Minnesota Family, Career and Community Leaders of America

2017 FCCLA “Area” Leadership Officer Application

Deadline February 10, 2017- Mail 3 copies of applications (3)

*Note: Serve A Smile Grant Deadline is in January.* Completing this grant proposal is part of the application process.

**Application checklist: Send three (3) total application copies of the completed application to:** **Minnesota FCCLA , PO Box 131386, Roseville, MN 55113-0012**

**DO NOT FAX -SEND BY A HARD COPY MAILING!**

|  |  |
| --- | --- |
| **Part I -Officer Responsibilities** **Contract** | Candidates must first agree to all responsibilities and pre-requisites andindicate preferences. |
| **Part II-Officer Code of Conduct** | Candidates must agree to behavioral guidelines |
| **Part III-Advisor Agreement**  | Advisor agrees to support and be present at designated times throughout the year.  |
| **Part IV Officer Qualifications** **Questions and Essay** **Two statements of reference** | Candidates must submit answers to various questions about previous experience and qualifications. Provide two statements by persons who can list your strengths |
| **Candidate Information** **Part V.-Data information****Part VI. Service project and grant work: The goal is to learn comprehensive skills that will give the candidate practice with the skills for planning, service-learning and partnership/ media and seeking resources.** Option 1:A copy of the Delta Dental grant or a similar grant application Option 2:Plan and conduct a Global Youth Service Day campaign for service project kickoff, service project and completion/ celebration in your school or community involving your chapter. See www.ysa.org for resources.  | Candidate’s contact information. Option 1: Apply for a Delta Dental Serve a Smile National Youth Service Day mini-grant. Candidates may work with other members of their chapter to complete the grant application. Application materials can be found on the MN FCCLA website: Submit by the Grant Deadline to Delta Dental Foundation by the deadline they set. (Jan 21)Option 2:Plan and conduct a GYSDAY Service campaign. Do a planning process and plan for a kick off, project and celebration of GYSDAY with your chapter’s involvement at your school or community. Timeline for the campaign: Anytime in the timeframe of Martin Luther King Day to April 13. |
| **Part VII- Form for Use of Photographic Likeness**  | Complete the agreement for use of photographs |

**Procedure for Determining Area Leadership Officers**

**Procedure for Electing Area Leadership Officers**

1. All chapters may nominate one candidate for Area Leadership Office. If an Area has fewer than four candidates, the current Area President will contact the chapters in the Area and chapters may nominate additional candidates.
2. All candidates must submit a written application to the State FCCLA office by **Feb 10.**
3. All candidates must apply for a Delta Dental Serve a Smile Global Youth Service Day mini-grant **by the grant deadline.**
4. Candidates will receive confirmation, state conference responsibilities and speech topics from the current Area President by letter in late March.
5. All candidates will present to his/her Area a prepared speech on the topic given in the April letter. After giving his/her speech, each candidate will also answer three questions in front of his/her Area.
6. All candidates will take a written test on FCCLA facts and information.
7. Area officers will be selected by the voting delegates of each Area following the Area Meeting on Thursday of the state conference.
8. According to a weighted process, the four Area officers will be placed in office according to their listed choices.
	1. The candidate receiving the highest ranking will be given his/her first choice.
	2. The candidate with the next highest ranking will receive his/her first choice, unless already filled, and then he/she would get his/her second choice, and so on.

Candidates for Area Leadership Officers Policy

**By March 2, any Area without enough candidates for a full team of officers will be notified.** A one week extension will be granted to gather applicants.

By March 2, the Area not having 4 or more candidates will be contacted and told that their Area is being merged into adjoining Areas. A chapter may choose which Area they will be joining.

National Conference delegation: The Board of Directors will determine a policy for travel,

housing, the MN package and set the time for the MN delegates to arrive in Nashville.

All persons representing STAR Events, officer and candidate positions and support from

MN FCCLA will be required to be a part of the MN delegation as defined by the Board of Directors and participate in the MN Package. A Memorandum of Understanding will be included in the paperwork for national conference.

All members benefit from a quality leadership program. Thank you for your support for Minnesota FCCLA. We are producing young leaders who are enjoying “The Ultimate Leadership Experience!”

**Area Leadership Officer Roles & Responsibilities**

Area Officers are required to perform on a very rigorous and continuous basis during their year as an Area Officer. It is necessary that those who aspire to become officers are highly qualified, able and willing to fulfill all Area Officer responsibilities. Please read and study the major qualifications and prerequisites very closely.

If elected Area FCCLA Officer, I will:

1. Be dedicated to the total program of FCCLA.
2. Be willing to commit time to Area Officer activities.
3. Be willing to serve your Area directed by the State Association or State Executive Director.
4. Become thoroughly knowledgeable of family and consumer sciences and FCCLA.
5. Work untiringly through preparation and as a proactive leader to develop effective public speaking skills and to project a desirable image of FCCLA.
6. Regularly write letters, thank you notes, reports and other correspondence.
7. Evaluate personality and attitudes, making every effort to improve.
8. Serve as a member of the team, always maintaining a cooperative attitude.
9. Be willing to take and follow instructions as directed.
10. Follow the Code of Ethics:
	1. To forgo all alcohol, drugs and tobacco while in office.
	2. To treat all FCCLA members equally by not favoring one over another.
	3. To behave in a manner that conveys and commands respect without superiority.
	4. To maintain dignity while being personable, concerned and interested in others.
	5. To avoid places or activities that in any way would raise questions as to my moral character or conduct.
	6. To use wholesome language in all speeches and informal occasions.
	7. To maintain proper dress and good grooming for all occasions.
	8. To avoid participation in and actively discourage any conversations which belittle or downgrade others.
	9. Work within the social media policies of MN FCCLA. Allow the state staff to be a “friend status” on your facebook and to follow twitter or other social media.

AREA OFFICER -CANDIDATE APPLICATIONS AND FORMS

**Part I. Application for Area Leadership Officer Candidate-Submit 3 copies MAILED.**

**Candidate Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Area #\_\_\_**

Grade in school this year: \_\_\_\_\_\_\_\_\_\_ Candidate #:\_\_\_\_\_(assigned after application is send in.)

|  |
| --- |
|  Please type or print in black ink. Area Officer Preference:  (Number in order of preference 1-4)Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President \_\_\_\_\_\_ Vice-President \_\_\_\_\_\_Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secretary \_\_\_\_\_\_ Treasurer \_\_\_\_\_\_ |

**Area Officer Contract THIS IS A CONTRACT**

***Dates determined by Board on Jan 11.***

|  |
| --- |
| The candidate, if elected, must agree to abide by the following. In addition, the local advisor is expected to accompany the officer to FCCLA Conferences and to leadership trainings.  |
| \_\_ 1.Yes | 1. Yes, I agree to attend June Training (Summer Camp training) FAILURE TO ATTEND SUMMER TRAINING WITHOUT PRIOR PERMISSION FROM THE EXEC DIRECTOR OR BOARD OF DIRECTORS WOULD BE GROUNDS TO CONSIDER REMOVING AN OFFICER FROM THEIR POSITION.
 | June 20-22 |
| \_\_ 2.Yes | 3. Yes, I agree to attend planning sessions of the Area Officers.  | June to March  |
| \_\_3. Yes | 4.Yes, I will attend Shadow Day 2018 at the State Capitol  | Feb or March 2018 |
| \_\_ 4.Yes | 5. Yes, I will be present at all of 2017 and 2018 State Conferences. | April |
| \_\_ 5.Yes | 6. Yes, I know that I have the option to attend the National FCCLA Conference in Nashville. The first priority is for Area officers to attend leadership training. Funds must come from local or personal funds. Advisor is invited to chaperone, however, there is no funding for advisor's attendance. | Optional: 2017 National Conference |
| \_\_6.Yes | 7. Yes, I will promote and demonstrate the positive image of FCCLA in my Area and in the state.  |
| \_\_7.Yes | 8. Yes, I will refrain from the use or possession of alcohol, drugs or tobacco during the entire term. |
| \_\_8.Yes | 9. Yes, I agree to abide by all rules of conduct set by the State Association. |
| \_\_9.Yes | 10. Yes, I realize I must always be eligible for the entire term of the office (academically eligible according to school rule standards). |
| \_\_10.Yes | 11. Yes, I agree not to post social network communication sites or post videos that would identify me, identify myself as an officer or FCCLA member that would are not approved by the State FCCLA Association. I agree to cooperate with the state staff as a friend on twitter, facebook and with social media policies established by MN FCCLA. |

**Violation of any of the above constitutes reason for removal from office. Process for removal will follow**

**constitutional procedure (Article III, Section B).** *If candidate will not agree to the above, do not submit application*.

**Please check:**

1. Yes, \_\_\_ Does the candidate agree to the above responsibilities?

2. Yes, \_\_\_ Does the candidate's school agree to assist the officer and advisor, if elected, in assuming

responsibilities listed above and with financial assistance?

DO NOT SUBMIT APPLICATION IF CANDIDATE CANNOT ATTEND JULY LEADERSHIP TRAINING SESSIONS.

**SIGNATURES**

Signature of Advisor Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chapter President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of School Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yes, I pledge to abide by all of the above guidelines and carry out the responsibilities assigned to me.**

 Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II. APPLICATION-Candidates Code of Conduct**

**Minnesota FCCLA Leadership Positions**

As a candidate for an Area Officer position, you will be expected to follow the following Code of Conduct upon signing this form.

**This becomes effective at the time you sign the application.**

Submit three copies of your complete application.

You will be representing your chapter, your Area and the state association and the eyes of many people will be on you. What you do and how you do it should always leave a favorable impression. Your code of conduct should never be questionable. Read the following and sign before you continue with the rest of the candidate forms.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to the guidelines and will promise to follow guidelines for myself from the time I sign this form.

I agree:

\_\_\_\_\_ To set a good example for other elected individuals and FCCLA members to follow.

\_\_\_\_\_ To strive to do my best in the role of FCCLA officer.

\_\_\_\_\_ To make effective use of my time.

\_\_\_\_\_ To strive to be positive in my encouragement of others.

\_\_\_\_\_ To not drink alcohol beverages, use chemicals (drugs) or tobacco products.

\_\_\_\_\_ To strive to have honorable and appropriate behavior in personal conduct and in the way I speak or act among my peers and adults.

\_\_\_\_\_ To respect people within my school, local community and the FCCLA organization.

\_\_\_\_\_ To not attend social events which I know will have the option to have alcohol, drugs or inappropriate behavior.

\_\_\_\_ To seek ways to work as a team with my peers and adults in FCCLA.

\_\_\_\_ To remain academically eligible in school.

\_\_\_\_\_ I agree not to post social network communication sites or post videos that would identify me, identify myself as an officer or FCCLA member that would are not pre-approved by the State FCCLA association.

\_\_\_\_ Conduct myself as an ambassador of FCCLA and with good character and reputation for leadership and integrity on facebook, twitter and other social media sites.

\_\_\_\_ On social media sites, I agree to become a “friend” of state staff on Facebook and allow them access to my postings and follow the social media guidelines established by MN FCCLA.

Signatures needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Candidate Date Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Advisor Date School Administrator Date

**Area Officer Application**

**Part III. ADVISOR AGREEMENT- AREA OFFICER CANDIDATE ADVISOR**

Name of Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit 3 copies of the Area Officer Application.

As advisor to an Area Officer, I agree to the following.

\_\_\_\_1. Yes, I agree to assure that the candidate will attend Officer Training in June

Advisor will be expected to attend on June 20-22, 2017

\_\_\_\_2. I will assist the officer to assure that transportation is available, either parents or school provided transportation to the leadership training events.

\_\_\_\_3. Yes, I agree to be at the Capitol Day or Legislative Shadow Day or see that the officer has support for transportation and participation.

\_\_\_\_4. Yes, I agree to participate at Leadership training in July in good faith, arriving on time and leaving when the event is completed.

FAILURE TO ATTEND TRAININGS WITHOUT PRIOR PERMISSION FROM THE EXEC DIRECTOR OR BOARD OF DIRECTORS WOULD BE GROUNDS TO CONSIDER REMOVING AN OFFICER FROM THEIR POSITION.

\_\_\_\_5. Yes, I will support the Area officer in their code of conduct and participation:

 To support the Area officer to assist them to attend the optional National FCCLA events if they choose. (and if attending at National Conference, the officer and advisor will attend all state Conferences)

\_\_\_\_6. To support the Area officer to promote and demonstrate the positive image of FCCLA.

\_\_\_\_7. To support the officer to refrain from the use or possession of alcohol, drugs or tobacco during the entire term

\_\_\_\_8. To support the officer to abide by all rules of conduct set by the State Association

\_\_\_\_9. To support the officer to be eligible for the entire term of the office (academically eligible according to school rules)

\_\_\_\_10. To support the officer to follow the social media guidelines and policies approved by the State FCCLA Association.

\_\_\_\_11 I agree to cooperate with the state staff to allow staff to be a “friend status” on twitter, facebook with the Area officer.

Signature of Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part IV.-Application- Officer Qualifications**

Complete this section on a computer. Type both the question or request for information and your response. Finished responses should be no longer than three single-sided pages.

Submit 3 copies of the complete application.

1. **First Name Only**
2. How many years have you belonged to FCCLA?
3. Grade in school this year:
4. How many quarters have you taken class in Family and Consumer Sciences?
5. List the number of times you have attended any of the following:
	* Fall Area Meeting
	* Mid-winter Area Meeting
	* State FCCLA Conference
	* FCCLA Leadership Training (s)
	* National Leadership Conference
	* National FCCLA Cluster Meeting
	* Minnesota FCCLA Shadow Day
	* National FCCLA Capitol Leadership Conference - Washington DC
	* STAR Event competition (Area, State or National)
6. List the FCCLA offices you have held and/or committees you have served on.
7. List contributions you have made to your chapter.
8. List other activities you are involved in both in your school and community.
9. List offices you have held in other organizations in your school and/or community.

 Essay

1. **How could you promote this year’s state theme in your chapter or Area?** (*Answer 50-100 words)*
2. **List one National or State FCCLA Program and describe a project you have completed in your chapter or could complete using the program**. *(Answer 50-100 words)*

References:

1. **Ask two people to write a 1-2 sentence description of your strengths.**

 **Include these in your application along with the signatures of the writers and their position or relationship to you**. (These pages do not count towards your total of three pages.)

**Part V.** **Candidate Information**

**Submit three copies of the complete application and forms.**

Complete this section. Type only your responses on one single-sided page.

1. Candidate Full Name
2. Street Address
3. Town, State, Zip code
4. Home Phone
5. Candidate E-mail address
6. Candidate Cell phone
7. Upcoming grade in school 2016-2017
8. Candidate’s Parent/guardian name
9. Parent Address (if different)
10. Parent e mail address
11. School Name
12. Street Address of School
13. School Town, State, Zip code
14. School Phone
15. School Fax
16. Advisor Name
17. Advisor Street Address
18. Advisor Town, State, Zip code
19. Advisor Home phone
20. Advisor cell phone
21. Advisor school phone
22. Advisor school email
23. Advisor home e-mail
24. Principal's Name
25. Superintendent's Name
26. FCCLA Area #\_\_\_\_\_
27. Jacket size:\_\_\_\_\_\_\_\_\_\_\_\_ see list:

**Jacket size –Red Organizational jackets are provided to the Area officers to use for the year on a rental loan basis.**

**You will own and provide the pants, skirt, shirts or blouses that accompany the official uniform.**

**Female Candidates:**

**RED BLAZER – LADIES**  Circle the size you would need should you become a JHC Officer.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 2 | 4 | 6 | 8 | 10 | 12 | 14 | 16 | 18 | 20 | 22 | 24 |

**Male candidates-Choose one of the following men’s sizes:**

**RED BLAZER – MENS –REGULAR** Circle the size you would need should you become a JHC Officer

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 60 |

**RED BLAZER – MENS –SHORT** Circle the size you would need should you become a JHC Officer.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 60 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**RED BLAZER – MENS -LONG** Circle the size you would need should you become a JHC Officer.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 38 | 39 | 40 | 41 | 42 | 43 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 60 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**RED BLAZER – MENS –XLONG**  Circle the size you would need should you become a JHC Officer.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 | 42 | 44 | 46 | 48 | 50 | 52 | 54 | 56 |

**Part VI- Service Projects- Include Evidence of Delta Dental Mini grant or Other GYSDAY service opportunities- Submit three copies of your complete application and forms.**



**Part VII -USE OF PHOTOGRAPHIC LIKENESS RELEASE- Submit three copies of your complete application and forms.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For good and valuable consideration, I authorize MN FCCLA and its agents to record photographs or other portraits or likenesses of me on videotape, audiotape, film, photograph or any other medium and use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for any purpose that MN FCCLA deems appropriate. I further consent to the use of my name, voice and biographical material in connection with such recordings. I release MN FCCLA, its successors and assigns, agents, and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings. I hereby release MN FCCLA, its staff, officers, members, partners, sponsors/funders, successors and assigns from and against any and all claims and causes of action whatsoever that I may hereafter have against MN FCCLA in connection with the above mentioned interview, written word, and/or photograph(s)/video.

**Name**:(Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FCCLA Chapter**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date signed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member- Signature if over 18 years:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT RELEASE** (Member is under 18 years of age)

**Parent/ Guardian:** Relation to subject (if subject is under 18 years of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, state, zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_