

Alabama FBLA State Officer Visit Request Form

Name of State Officer Requesting: _____
State Office: _____

Chapter Information

Chapter Name: _____ Chapter Number: _____
Chapter Address: _____ Zip Code: _____
City: _____
School Phone: _____ Number of FBLA Members _____
Adviser's Name: _____
Adviser's Email: _____
Principal's Name: _____
C/T Admin Name: _____

Chapter Officer Information

President: _____ Other Officers _____
Vice-President: _____
Secretary: _____
Treasurer: _____
Reporter: _____

Visit/Event Information

Date of Visit/Event: _____ Time of Visit/Event: _____
Theme of Event: _____ Length of Event: _____
How long would the officer speak/present? _____
Preferred topic of discussion/speech/presentation _____
Additional Information:

Please send (1) copy of this completed form to the State Officer you are requesting.

AND

Please send (1) copy of this completed form to:

Lisa Weeks, Alabama FBLA State Adviser
P.O. Box 302101
Montgomery, AL 36130-2101
lweeks@alsde.edu
334-353-8406 FAX