

**NEW JERSEY DECA
STATE OFFICER
CANDIDATE APPLICATION**
(Please Type All Information)

Name: _____

School: _____

Office: _____

Seeking: _____

Region: North Central South

Division: Blue or Gold

Home Address: _____

City _____ State _____ Zip _____

Grade Point Average: _____

School Phone: _____

Home Phone: _____

Date of Application: _____

DECA Offices Held: _____

DECA Honor or Awards: _____

Other Activities	Organization(s)	Office(s) Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marketing Classes Taken: _____

Assurances: (Please complete this section with your Advisor and Parent/Guardian.)

	YES	NO
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If the committee recommends you for an office other than the one which you have indicated, do you agree to abide by the committee's decision?	_____	_____
Do you agree to attend all meetings and meet all officer obligations?	_____	_____
Do you agree to abide by all campaign rules and regulations?	_____	_____
Do you agree to exhibit a professional attitude and behavior as determined by the New Jersey DECA Advisor, and further agree to accept removal from office if the State Advisor determines your behavior to be other than professional?	_____	_____

Does your local chapter, local chapter advisor, school district administration, and local school board, and family agree to support you if elected to state office?	_____	_____
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I certify that I am an active member of NJ and National DECA and that all information on this application and on my candidate backup materials which I am submitting are factual as presented.	_____	_____
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I have read and fully understand the statements I have completed above and agree to abide by the final decisions of the NJ DECA State Advisor

_____	_____	_____
Student Candidate	Student's Parent(s)/Guardian	Chapter Advisor
		_____ Advisor and School Official