

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
256-353-8406 FAX