



VIRGINIA PHI BETA LAMBDA STATE OFFICER APPLICATION

Each candidate for PBL State Office and his/her adviser must complete this form and submit it to the State Director. **PLEASE TYPE.** Additional sheets may be used as necessary.

Name		Office Sought	
College/University		Email Address	
Home Address			
Home Telephone	()	College/University Telephone	()
Adviser		Adviser's Email	
Class enrolled in during term of office	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior <input type="checkbox"/> Senior
Major			
Business subjects completed or enrolled in currently (give grade for each subject completed or current average for those subjects in which currently enrolled):			
Phi Beta Lambda activities (include number of years in PBL, offices, committee work, etc.):			
School and community activities:			
Work Experience (list employer, position, and length of service):			
Proposed plans for term in office (if elected):			

CERTIFICATION BY LOCAL CHAPTER ADVISER

The credentials for _____ are attached. To the best of my knowledge, he/she meets the qualifications for the office of State _____ and is recommended by the local PBL chapter. If elected, he/she will receive the enthusiastic support of the chapter and the adviser in the execution of the duties of this office.

Adviser's Signature

Date

CERTIFICATION BY OFFICER CANDIDATE

I, _____, agree to adhere to the state officer candidate rules and regulations; and, if elected, I will fulfill the duties and responsibilities of the office as stated in the PBL State/National Handbooks.

Officer Candidate's Signature
