PLEDGE OF CANDIDATE:

If elected, I will perform all the duties pertaining to my office unless an emergency such as illness or death should arise.   
**I understand that I shall have to relinquish my office if I fail to perform my duties, responsibilities, or do not attend meetings in there entirety.**

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Signature of Candidate                                                                           Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has my approval to be a candidate for a **state** office representing Wyoming Association Family, Career, and Community Leaders of America. If he or she is elected to that office, **I will give my assistance and permission for attendance at regional, state meetings, district meetings, and to perform other duties for which he/she may be responsible and/or requested.** (Both parents must sign this agreement.)

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Signature of Parent or Guardian                                                               Date

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Signature of Parent or Guardian                                                                Date

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Signature of Principal                                                                                Date

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Signature of Superintendent or Vocational Director                                    Date

STATEMENT FROM CHAPTER AND CHAPTER ADVISER

This candidate for **State** Office has been recommended by the candidate's chapter and chapter adviser

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Signature of Chapter President                                                                Date

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Signature of Chapter Adviser                                                                   Date

CHAPTER ADVISERS' COMMITMENT

I will support the candidate by attending all state required meetings. This includes supporting the officer in planning, preparing, and executing **State** Officer responsibilities.

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Signature and Title                                                                                  Date:

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Copy the candidate pledge, complete the form and mail to:

Angela Sweep

[Angsweep98@gmail.com](mailto:Angsweep98@gmail.com)

1184 County Rd. 229

Lyman, WY 82937

    
 **OFFICER CANDIDATE AND PARENT CONTRACT**

If elected and/or selected to the **State** FCCLA Officers' Committee, I agree to carry out the following responsibilities:

* Plan and implement Leadership Training Workshops for regional, chapter and district meetings as requested.
* Plan and implement State Meeting with the assistance of the State Adviser and other State Officers. This meeting are traditionally held in March or April of the term elected to the office. **Your participation and attendance is mandatory for the meeting(s) in their entirety.**
* Recommended attendance at the National Leadership Meeting in July, at a site designated by the National Office. A list of expenses is available at the State Leadership Meeting each year.

In addition to the above, I agree to carry out any assignments agreed upon by the District, Regional, and State Executive Councils to the best of my ability. I'm aware if I do not attend and perform my duties in their entirety I will be released of my office and duties therein.

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Officer Candidate's Signature                                                                  Date

I have reviewed this contract with my son/daughter and have discussed it with their adviser and I feel that I understand the contents.

As parent(s)/guardian(s) I/we support our son/daughter if he/she is elected/selected to the **State** Officer Team to carry out the above responsibilities. (Both parents must sign this contract.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Signature of Parent or Guardian                                                   Date

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Signature of Parent or Guardian                                                    Date