

Missouri DECA Board of Directors Nomination Form



Candidate Name _____

School _____

Address _____

Telephone _____

Years of Service as DECA Advisor _____
(Minimum of 3 years service required)

I have reviewed the information on the DECA Board of Directors and agree to submit my name in nomination for Board member.

(Candidate Signature) (Date)

Person submitting nomination if other than candidate.

(Signature) (Date)

Return to: Missouri DECA State Advisor
Department of Elementary & Secondary Education
P. O. Box 480
Jefferson City, MO 65102

MUST BE RECEIVED NO LATER THAN 5:00 PM, April 1