



# Board of Directors Nomination Form

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Candidate Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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 for nomination as a Board member. I realize that I am committing to attending a December/January and May/June Board Meeting and one meeting during the Missouri ACTE Summer Conference.

\_\_\_\_\_  
(Candidate Signature) (Date)

Person submitting nomination if other than candidate.

\_\_\_\_\_  
(Signature) (Date)

Return to: Missouri DECA State Advisor  
Department of Elementary and Secondary Education  
P.O. Box 480  
Jefferson City, MO 65102-0480  
Fax: (573) 526-4261

→ **MUST BE RECEIVED no later than 5:00 p.m. April 1**