Applications Due: February 1
Mail applications to: Oklahoma TSA
1500 West Seventh Avenue
Stillwater, OK 74074
tami.redus@careertech.ok.gov

TSA Regional Officer Candidate Application

Candidate's Name _____

Chapter Name _____

School Name and Address _____ _____

Local Advisor's Name and email address _____

_____

Candidate's Name _____ _____

E-mail address _____

Cell Phone Number _____

Parents Name _____ __

Home Address _____

City, State, & Zip _____

Home Phone _____

Age _____   Grade Classification _____ GPA _____

What TSA Local Chapter Office(s) have you held?

_____

Other than TSA, what activities are you involved in?

_____

_____

_____

_____

What regional office are you seeking?

Place a 1 by your first choice and the number 2 by your second choice.

_____ President   _____ Vice President   _____ Secretary

_____ Treasurer   _____ Reporter   _____ Sergeant-at-Arms

If elected, how do you feel you could benefit TSA the most?
_____
_____
_____

OFFICER CANDIDATE AGREEMENT

NOMINEE: I, _____, understand that the highest code of ethics will be expected of me if elected. I agree to hold myself to these terms by agreeing to be present and to participate in all TSA activities during my term in office. I will also be willing to attend the scheduled regional officer meetings that may be called during the year. I agree to cooperate, be a team player, honor the officers' code of ethics, and respect the decision of the Regional TSA Advisors. I will continue being active in my local chapter. I will honor and respect the decisions of my local advisor. I will maintain the necessary requirements to keep my grades eligible on the local level. I understand that failure to meet the above requirements without just cause could result in removal from office. If elected, I agree to fulfill my duties to the best of my abilities.
Signature of Candidate   Date

_____   _____

ENDORSEES: We recognize the responsibilities of the TSA Office for which we have nominated our candidate and will assist him/her in executing the responsibilities of the office in any capacity that we can, should he/she be elected.

_____   _____
Chapter Advisor   Date

_____   _____
Parent or Legal Guardian   Date

_____   _____
School Principal   Date