



OFFICER APPLICATION

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

TLBT Number: _____

Date of Birth and Current Age: _____

Current Grade in School: _____

Number of Years in TLBT: _____

Number of TLBT Meetings Attended this year: _____

Current TLBT Division: _____

Office Applying for: _____

Other Offices I would Accept: _____

Please circle YES or NO to the following questions:

- | | | |
|-----|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| YES | NO | Are you willing to work as a team with other officers to plan TLBT meetings, fund raisers and activities? |
| YES | NO | Are you willing to spend the required time to complete the duties associated with your office? |
| YES | NO | Will you be able to attend all TLBT general membership meetings scheduled throughout the year? (SFT, FWSSR and National Youth Show) |
| YES | NO | Will you be able to attend the minimum required number of TLBAA sponsored shows during the year? (President 10 shows – All other positions 5 shows) |

Please answer the following questions with a short statement (use additional paper if needed):

1. Why do you want to be an officer?

2. Describe the skills you possess that are specific to carrying out the duties for the office you have applied.

TLBT Member Commitment:

I have read the TLBT Policies and Procedures and understand the commitment I will have as an officer of the TLBT.

TLBT Member Signature _____ Date _____

Approval of Parent or Guardian:

I have read the TLBT Policies and Procedures and understand the commitment _____ (Applicant's Name) will have as an officer of the TLBT. _____ (Applicant's Name) has my approval and encouragement to run for a TLBT officer position. I fully realize the additional time and work required of officers if they are to fulfill their responsibilities properly.

Parent/Guardian Signature _____ Date _____