**ABC High School FBLA**

**Chapter Officer Contract**

I understand that as a ABC Chapter Officer it is my duty to:

1. Represent ABC High School FBLA. I understand that it is my responsibility to display a positive public image and promote the organization.
2. Carry out the responsibilities to the office I am assigned.
3. Meet all deadlines required of me in order to fulfill my duties as a chapter officer and school, county, district, and state representative.
4. Initiate and maintain communication with my adviser.
5. Maintain proper eligibility to represent ABC High School. (No more than 1 F, No U’s )
6. Complete all chapter membership requirements.
7. Attend Officer Training in August.
8. Attend Bi-Monthly Officer Meetings.
9. Attend Monthly Chapter Meetings.
10. Be on time to all activities and meeting that I am required to attend.
11. Remain in all assigned meetings, training sessions, workshops, etc. until the designated ending time.
12. Be positive toward chapter members, advisers and activities
13. Conduct myself in a respectful and professional manner at all chapter meetings, events, activities.
14. Be attentive, alert, and considerate of others’ time, needs, and feelings while in attendance at all meetings, events and activities.
15. Refrain from inappropriate behavior that is unbecoming of chapter officer and representative of my school, district and state. (This includes inappropriate public displays of affection.)
16. Observe the Colorado FBLA Code of Conduct at all times.
17. Will miss no more than 3 ABC FBLA Chapter Meetings or Activities (Not counting optional activities). And will pre-arrange absences with the chapter adviser at least 3 days prior to activity or provide documentation for absences due to unavoidable illness or emergency.

**I understand that if I fail to fulfill the duties of this contract my school administrators or chapter adviser can initiate the process of removal from office.**

**I understand that if I am removed from office I am responsible for any financial debts.**

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Officer’s Signature Date

**I have reviewed this contract with my son/daughter and understand the responsibilities therein. I will support my son/daughter as a Chapter Officer to ABC High FBLA to carry out the above responsibilities.**

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Parent/Guardian Signature Date