



School Information

School Name _____ Date _____

Address _____

Street Address _____ PO Box (if applicable) _____

City _____ State _____ ZIP Code _____

School Phone _____ Accounts Payable Contact _____

Accounts Payable Email _____

Ag Teacher/FFA Advisor Name(s) _____

Ag Teacher/FFA Advisor Phone (School & Mobile) _____

Ag Teacher/FFA Advisor Email(s) _____

Educational Program

Number of Agricultural Education Students Enrolled	Number of FFA members (minimum 10)
Course: _____	Code: _____
Course: _____	Code: _____
Course: _____	Code: _____
Course: _____	Code: _____
Course: _____	Code: _____
Course: _____	Code: _____

Officer Information

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Reporter: _____ Sentinel: _____

Advisory Committee: _____

Advisory Committee: _____

Authorization and Signatures

We, the undersigned persons, affirm that the agriculture students of the listed school have organized a local chapter and are applying for membership in the Washington FFA Association. We have adopted a constitution, have elected the necessary officers, and have identified at least ten (10) charter members according to the constitution. In the name of the chapter, and for the chapter, we hereby make application for a charter that will give this chapter full membership in the Washington FFA Association.

Chapter President
Signature: _____ Date: _____

Chapter Secretary
Signature: _____ Date: _____

FFA Advisor
Signature: _____ Date: _____

School Administrator
Signature: _____ Date: _____