



North Dakota

FBLA

Collegiate

FORMS



ND FBLA Collegiate State Officer Application*

Please key this form.

**All information requested is purely voluntary on the part of the applicant and will not be used for determining the applicant's qualifications for a North Dakota FBLA State Chapter office.*

School attending in 2026-27		Office sought <input type="checkbox"/> President <input type="checkbox"/> Vice President	
Class next year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student		Shirt Size	
Name		Current mailing address	
City	State	Zip	Cell Phone
E-mail			
Summer mailing address			Phone
Person to contact in an emergency		Relationship	
Address		City	State Zip Phone
FBLA Collegiate activities			
College Major	College Minor	Have you completed or are you enrolled in at least one business course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to attend all meetings of the State Executive Council: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you employed in a part-time job while attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of hours you usually work per week		Name of employer
If you are employed, will your employer allow you time off to attend state planning meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Candidate's signature		Adviser's signature	

Email this form by the designated date to:

Jessica DeVaal
Career and Technical Education
jdevaal@nd.gov



Outstanding North Dakota FBLA Collegiate Local Chapter Adviser Nomination

No pictures, be brief. State reasons on this form only.

Name of Nominee	
Complete Mailing Address of Nominee	Telephone
E-mail Address of Nominee	
Statement of why the nominee should receive the award:	
Submitted by	Chapter

Email this form by designated date to:

***Jessica DeVaal
Career and Technical Education
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FBLA Collegiate Alumni of the Year Nomination

No pictures, be brief. State reasons on this form only.

Name of Nominee	
Complete Mailing Address of Nominee	Telephone
E-mail Address of Nominee	
Years of Participation in FBLA Collegiate:	
Statement of why the nominee should receive the award:	
Quote from nominee about FBLA Collegiate's impact on their life/career:	
Submitted by	Chapter
<i>NOTE: You will be notified if candidate is selected. If you do not receive notification, the person was not selected as FBLA Collegiate Alumni of the Year. You may give this person an award from your chapter if you wish.</i>	

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Largest Percentage of Retention in Local Chapter Membership (North Dakota Only Event)

School Name and City:

Please fill out the information below. Membership retention will be verified using National membership records.

Number of Members Retained from 2024-2025 to 2025-2026:
Percentage of Retention:

(To calculate percentage of retention, divide number of members retained by the current number of members.)

List names of members retained from 2024-2025 to 2025-2026:
(Attach additional sheet if necessary)

1.	10.
2.	11.
3.	12.
4.	13.
5.	14.
6.	15.
7.	16.
8.	17.
9.	18.

Signature of Chapter President:	Signature of Chapter Adviser:
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Email this form by designated date to:

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ND FBLA Collegiate State Leadership Conference Hotel Reservation

Conference Dates
February 22-23, 2026

Reservation Cut-Off Date
January 20, 2026

PLEASE NOTE: This is the official conference hotel for this conference and reservations should be made here using the conference rate.

1. A block of rooms has been reserved at the conference hotel (rooms will be released on January 25). Reservation requests and rooming lists must be emailed to Chelsey at chelsey@roihospitality.com.
2. Schools requesting direct bills must contact Chelsey (chelsey@roihospitality.com) to setup in advance.
3. Any reservation changes after January 25 must be made with Chelsey.
4. Check-in time will be 3 pm.
5. Check-out time will be 11 am.
6. Be sure to indicate how many nights your chapter will be staying (1 or 2)
7. Room rates (excluding tax) for a standard room per night are at the prevailing state rate (currently \$99.00 single, \$110 double)
8. Please bring tax exempt ID number, if applicable, to receive a tax-free room rate. You can also provide this to Chelsey in advance.

Name of School, City:		Number of rooms to reserve:
Arrival Date:	Departure Date:	
Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Bill		

	NAME	TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room A	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

	NAME	TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room B	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

SEND CONFIRMATION TO:

Name		Phone	
Address		Email:	
City	State	Zip	

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room C	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room D	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room E	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		

NAME		TYPE ROOM	GENDER	FOR HOTEL USE ONLY
Room F	1.	<input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	2.	<input type="checkbox"/> Double		
	3.	<input type="checkbox"/> Triple		
	4.	<input type="checkbox"/> Quad		



Competitive Event Sponsorship Form

Name of Company Representative:		Name of Business:	
Address:		City, State:	ZIP:
Phone:		Fax:	
E-mail Address:			
Name of Competitive Event Sponsored:		Amount:	
1 st Choice:		\$	
2 nd Choice:		Make check payable to North Dakota FBLA	

Will a representative of this business be present at the State Leadership Conference to present the award?

Yes No If yes, please list name: _____

Each business will be identified as an event sponsor in the program booklet and acknowledged during the general awards session.

Signatures:

Representative of Business:	Date:
North Dakota FBLA Collegiate Representative:	Date:

Postmark, along with check, by February 1st to:

Jessica DeVaal
Dept. of Career and Technical Education
jdevaal@nd.gov