



APPLICATION FOR CHAPTER CHARTER*

The _____ Chapter hereby applies for Charter
(school)

by the _____ Association of SkillsUSA Inc.
(state)

We certify that students supporting this Charter are enrolled in bona-fide technical, skilled and service occupations education classes, which may include health occupations, meeting the requirements of the State Plan for Career and Technical Education. It is requested that a Certificate of Charter evidencing affiliation be issued to the above-named school. As required by SkillsUSA, we hereby submit a copy of our constitution and bylaws.

Chapter Advisor

Signature

School Name

Address

City State ZIP

Advisor Email Address

School Administrator

Signature

Address

City State ZIP

Date Submitted Telephone Number

Billing Contact: _____

Email Address: _____

INSTRUCTIONS:

Send one copy of this application with a copy of your chapter constitution and bylaws to the director of your state SkillsUSA association. For the director's address, go to: www.skillsusa.org/about/state-directors/.

**Submission of this application represents an official request by the local Board of Education for educational services to be provided by the State Board of Career and Technical Education in cooperation with SkillsUSA Inc.*

Return to Clay Mitchell: clay.mitchell@skillsusaca.org

FOR STATE USE ONLY

RECEIVED: _____

APPROVED: _____
State Association Director or Corporate Member, SkillsUSA Inc.

DATE: _____

COPY RETURN DATE: _____