Please read YLDP Officer Information prior to completing this form.
Submit all information to the chapter director.

YLDP Officer Application

Office of Interest: _____

Name: _____

Chapter: _____

Cell Phone Number: _____

Email: _____

School: _____

Are you fully committed to attending every meeting?

[ ] Yes [ ] No

I acknowledge my commitment to deliver my speech and understand that failing to present will result in a loss of points.

Signature: _____

Date: _____