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| Chapter: |  |
| Advisor: |  |
| Advisor email: |  |
| Advisor phone number: |  |
| Chapter President: |  |
| Chapter President email: |  |
| Membership Total: |  |



**Email your completed application to morgan@fldeca.org**

How does your chapter connect with the community and local businesses?

What makes your chapter special?

**Chapter Spotlight Application**

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