AFNR Teacher/FFA Advisor

School Name

School Address

Town, State Zip Code

Phone Number

Mary Hoffmann

Executive Director

Minnesota FFA Association

21516 230th Ave.

Sleepy Eye, MN 56085

Dear Ms. Hoffmann:

We, the undersigned, affirm that the Agriculture, Food, and Natural Resources (AFNR) students of Type School Name Here have organized into a local chapter and are applying for membership in the Minnesota FFA Association. In the name of the chapter and for the chapter, we hereby make application for a charter that will give full membership in the National FFA Organization and the Minnesota FFA Association. We have adopted a constitution and bylaws that is consistent with the Minnesota FFA Constitution, elected necessary officers, identified membership and developed a preliminary Program of Activities.

The official chapter name should appear on the charter as Insert FFA Chapter Name Here FFA Chapter (eg. Kimball, St. Paul – Como Park). We agree to adhere to Article III of the National FFA Constitution which states:

Chapters of the National FFA Organization shall be chartered only in such schools where recognized systematic instruction in agricultural education is offered under the provisions of federal vocational education legislation. Such chapters shall operate as an integral part of the instructional program of agricultural education.

We understand that FFA is an intracurricular component of AFNR education. Our school has a certified/licensed teacher(s) delivering instruction for a Minnesota Department of Education recognized and approved program of AFNR within Career and Technical Education serving the AFNR Career Cluster. The AFNR teacher(s) shall be the FFA advisor(s) in accordance with the National FFA Constitution’s Article X.

Our chapter shall be in good standing with the state association when the following conditions, as outlined in Article IV of the National FFA Constitution, are met:

1. All annual, state, and national dues or program affiliation fees have been paid by the date determined by the state association.
2. All reports have been submitted as requested by the state association.
3. Provisions of the chapter constitution do not conflict with the State or National FFA Constitutions and chapter activities are in harmony with the ideals and purposes of the National FFA Organization.

Attached to this application, completed with accurate information, are the following documents:

1. A list of chapter officers;
2. A complete list of chapter members;
3. A copy of the chapter’s constitution and bylaws;
4. A copy of our preliminary Program of Activities (calendar of events and strategic plan); and
5. The chapter Charter Application and Agreement.

We hereby make application for a charter in the Minnesota FFA Association of the National FFA Organization.

Sincerely,

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**Date Organized Chapter President Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter Secretary Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter Advisor Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Administrator Signature/Title**

*\*Sample FFA Program of Activities and Constitution & Bylaws can be found on the*   
*“Chapter Resources” page of www.mnffa.org.*

**Chapter Information:**

**For State Office Use Only:**

**Chapter Number: MN\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

School Name:

Billing Address:

City:       State:       Zip:

Shipping/Physical Address:

City:       State:       Zip:

School Phone:

Official FFA Chapter Name:

Program Type:  High School  Middle School  Middle/High School

Select all grades in which AFNR will be taught:  5th  6th  7th  8th

9th  10th  11th  12th

Unduplicated AFNR Enrollment:

**Lead Advisor’s Information:**

Advisor’s Name:

Advisor’s Email Address:

AFNR Department Phone:

Advisor’s Mobile Phone:

**Additional Advisor’s Information:**

Advisor’s Name:

Advisor’s Email Address:

AFNR Department Phone:

Advisor’s Mobile Phone:

**Principal’s Information:**

Principal’s Name:

Principal’s Email Address:

Principal’s Phone:

Type of Membership: Program Affiliation (*all students are members*)  Individual Member Dues

**Official FFA Jacket Information:**

On the back of the jacket “Minnesota” will be listed as the state name above the emblem.

A person with collar shirt

Description automatically generatedPlease give the chapter name (up to 2 lines) that will appear below the emblem.

Jacket Back: Chapter Name Line 1:

Jacket Back: Chapter Name Line 2:

(if applicable)

Please include four items with your application:

1. A list of chapter officers (submit by March 1);
2. A complete list of chapter members;
3. A copy of the chapter’s constitution and bylaws; and
4. A copy of the chapter’s preliminary Program of Activities (or link to the AET calendar/POA).