MEMBER RECRUITER AWARD 2026-2027

Purpose To encourage current members of the Middle, Secondary and Postsecondary Divisions to recruit new BPA state/national members.

Eligibility Any current state BPA member (except Alumni/Professional members) that recruits a minimum of one new state/national member. The newly recruited member(s) must be listed on the form below with their membership identification number (assigned by the BPA Online Membership Registration System). The local chapter advisor must verify, with their signature on the form below, that the applicant recruited the listed member(s). The new member(s) is/are also eligible to apply for this award once registered as a national member(s). A state BPA member can receive this state award once annually, as long as he/she is a registered state/national member of BPA (any division except Alumni/Professional).

Recognition Approved applicants will receive a certificate included in their registration packet at the State Leadership Conference (SLC) and will stand for recognition during the Monday evening Second General Session. Certificates will be mailed to the local chapter advisor if not attending the conference. Member Recruiter award recipients will also be listed on the state BPA Web site. Member Recruiter recipients earn points toward the Torch Awards in the leadership activity category.

Deadline **February 1, 2027; submit via Google Forms at https://forms.gle/kKDLrWw29Dtaot1dA or send to Montana BPA, Lisa Parker, State Director, 3045 Jonathon Court, Billings, MT 59102 or email to lparkermtbpa@gmail.com**

MEMBER RECRUITER APPLICATION FORM

A. Please indicate division: ☐ Middle level ☐ Secondary ☐ Collegiate

B. Applicant Name: _____ BPA Member ID No. _____

C. Complete this form showing the applicant's newly recruited chapter member and the member's identification number. List additional names on a separate sheet.

1. _____
2. _____
3. _____
4. _____
5. _____

D. Advisor Name _____ **E.** Advisor email _____

F. School/Chapter Name _____

G. School Address _____

City _____ ZIP _____ School Phone _____

H. Local Advisor Signature _____