



MEMBERSHIP MANIA AWARD FORM

Please type or print clearly.

School Name: _____ Chapter Number: _____

Check one: FBLA PBL

Lead Adviser: _____ Chapter President: _____

Lead Adviser's E-mail: _____

School Address: _____

City: _____ State: _____ Zip: _____

List recruited members: (At least ten [10] new members for your chapter required for this award.)

1. Name: _____
2. Name: _____
3. Name: _____
4. Name: _____
5. Name: _____
6. Name: _____
7. Name: _____
8. Name: _____
9. Name: _____
10. Name: _____
11. Name: _____
12. Name: _____

Member Signature: _____ Date: _____

Lead Adviser Signature: _____ Date: _____

If additional members were recruited, please attach list and send to:

FBLA-PBL Membership Awards

Postmarked by: April 1

1912 Association Drive

Reston, VA 20191-1591

or fax: 866.500.5610