



FBLA-PBL PROFESSIONAL DIVISION MEMBERSHIP FORM

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ E-mail Address _____

Employer _____ Occupation _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (____) _____ Web site _____

Membership Type Annual (\$23.00) Lifetime (\$350)

Payment Options

Credit Card Visa MasterCard

Card # _____ Exp. Date: ____/____/____

Signature _____

Check Make checks payable to FBLA-PBL Professional Division.

Please list special areas of expertise a local chapter in your area or your state chapter may contact you to assist with a workshop or other need. _____

May we list your information on the national Web site? Yes No

Member Affiliation (please check all applicable categories)

- | | | |
|--|---|---|
| <input type="checkbox"/> New Professional Member | <input type="checkbox"/> Former FBLA Member | <input type="checkbox"/> Businessperson |
| <input type="checkbox"/> Friend of the Association | <input type="checkbox"/> Parent of Member | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Adviser | <input type="checkbox"/> Former PBL Member | <input type="checkbox"/> Administrator |

Specify Affiliation FBLA FBLA-Middle Level PBL

Credit my membership to this state chapter _____

Credit my membership to this school _____ Chapter # _____

Please mail completed application and membership dues to:
FBLA-PBL, Inc. | Attn: Membership Department | 1912 Association Drive | Reston, VA 20191