



FBLA-PBL Professional Division Membership Application

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Email Address _____

Employer _____ Occupation _____

Business Address _____

City _____ State _____ Zip _____

Business Phone (_____) _____ Web Site _____

Membership Type Annual (\$23.00) Lifetime (\$350.00)

Payment Options Visa MasterCard
Card # _____ Exp ____/____

Signature _____
Or make checks payable to FBLA-PBL Professional Division

Please check any areas which you would be willing to volunteer. (Use check boxes)

- Workshop Presenter Speaker Judge Mentor
- Competitive Events Funding Assistance Conference Assistance
- Other _____

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

Member Affiliation. (Please check all applicable categories)

- New Professional Member Former FBLA Member Businessperson
- Friend of the Association Parent of Member Renewal Adviser
- Former PBL Member Administrator Other _____
- Financial Sponsor District level State level National level

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 to:
FBLA-PBL, Inc. | Attn: Membership Department | 1912 Association Dr. | Reston, VA 20191-1591