



# FBLA-PBL Professional Division Membership Application

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 (\$350.00)

Payment Options    Credit Card     Visa     MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

Or 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)

New Professional Member                       Former FBLA Member                       Businessperson

Friend of the Association                       Parent of Member                       Renewal

Adviser                       Former PBL Member                       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 to:**  
FBLA-PBL, Inc. | Attn: Membership Department | 1912 Association Drive | Reston, VA 20191-1591