

North Carolina Phi Beta Lambda

Professional Division

MEMBERSHIP FORM



Please print or type

Full Name:	
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Home Address

Address:			
City:		State	Zip
Phone:		E-mail:	

Business Address

Company:			
Position:			
Address:			
City:		State	Zip
Phone:		E-mail:	

Chapter (college) with which you wish to be affiliated:

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Check all that apply:

	New Member		Returning Member		Business Person
	Former FBLA Member		Former PBL Member		Local Chapter Adviser
PD Member Since:					

Would you like to be listed in a Speaker's Directory?

	Yes		No
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If yes, list the topic(s) with which you would feel comfortable:

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Dues are \$23.00 per year (July 1 - June 30). Please make check or money order (no cash please) payable to "NC PBL Professional Division" and send with the completed form to:

NCPBL Professional Division
PO Box 12002
Durham, NC 27709