

North Carolina Phi Beta Lambda
Professional Division
MEMBERSHIP FORM



Please print or type

Full Name: _____

Home Address

Address: _____

City: _____ State _____ Zip _____

Phone: (____) _____ E-mail: _____

Business Address

Company: _____

Position: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (____) _____

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

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

If yes, list the topic(s) with which you would feel comfortable: _____

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:

Ms. Robbie McDonald, NC PBL Professional Division, PO Box 20087. Charlotte, NC 28202