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# FBLA National logo2017-18 FBLA Membership Application Form

The Future Business Leaders of America is an organization made to enhance students’ skills in leadership, business skills and technology. Our mission is to bring business and education together in a positive working relationship through innovative leadership career development programs. We help develop competent and aggressive business leadership. We strengthen the confidence of students in themselves and their work, create more interest in and understanding of American business enterprise, and practice efficient money management.

Student Information:

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Home telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student cell phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Information:

Parents/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would one of your parents like to volunteer for club activities & fieldtrips? Yes No

School Information:

Homeroom Number: \_\_\_\_\_\_\_\_\_ Room #: \_\_\_\_\_\_\_\_ Homeroom Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Business Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Business Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Business Class(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current / Previous GPA: \_\_\_\_\_\_\_\_\_\_\_ (freshmen don’t answer)

Class (circle one) Freshmen Sophomore Junior Senior

Would you be able to stay after school if notified (rarely would happen) YES NO

1st Semester Schedule: 2nd Semester Schedule: Add in later

Teachers name Subject Room # Teachers name Subject Room #

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| 1 |  |  |  |  | 1 |  |  |  |
| 2 |  |  |  |  | 2 |  |  |  |
| 3 |  |  |  |  | 3 |  |  |  |
| 4 |  |  |  |  | 4 |  |  |  |
| 5 |  |  |  |  | 5 |  |  |  |
| 6 |  |  |  |  | 6 |  |  |  |
| 7 |  |  |  |  | 7 |  |  |  |
| 8 |  |  |  |  | 11 |  |  |  |