A-STATE 2017-18 PHI BETA LAMBDA APPLICATION FOR MEMBERSHIP

NAME: ______________________________ EMAIL: ______________________________

HOME TOWN: ________________________ MAJOR(S): ____________________________________

SEX: Male____ Female____

ACADEMIC STANDING: Freshman ____ Sophomore____ Junior____ Senior____ Graduate Student____

RACE: White____ African-American____ Asian____ Hispanic____ Other____

NUMBER OF YEARS OF INVOLVEMENT IN FBLA AND PBL: ______

INTERESTS (CHECK ALL THAT APPLY):

____ COMMUNITY SERVICE
____ SOCIAL GATHERINGS
____ FBLA RELATIONS
____ FUNDRAISING
____ FALL LEADERSHIP CONFERENCE
____ ACADEMIC COMPETITION
____ CAMPUS LEADERSHIP

What can / should PBL do to get you involved in the organization?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________