



FUTURE BUSINESS LEADERS OF AMERICA – PHI BETA LAMBDA at UCLA

Membership Application

Last Name: _____ First Name: _____ M.I. _____

E-mail: _____ Cell Phone (_____) _____ - _____

Year in School: 1st 2nd 3rd 4th 5th Birth Date: _____
Month _____ Day _____ Year _____

Gender: Male Female Major: _____ Housing: On Off Campus

Residential Address:

Residence Hall/Room Number (If living on campus) or Street Address

City _____ State _____ Postal Code _____

Please Complete the following questionnaire:

Were you in FBLA member in high school? Yes No How did you hear about FBLA-PBL? Friend

Flyers E-mail Website School Fair Other: _____ Returning Member

Why do you want to join FBLA-PBL, and what do you expect to gain by becoming an active member?

Membership Dues:

Annual Membership Dues: \$ 30.00

Quarterly Membership Dues: \$ 15.00 per quarter

Please make checks payable to: UCLA FBLA-PBL

Official Use Only:

Entered Paid Registered

Date Received: _____ / _____ / _____

Recorded by: _____

Recruited By:

Please complete and return your application and dues in full at the next meeting/event. For more information, please email fblapbl@ucla.edu