



Member Information Sheet

Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Locker Number:

Birthday:

Grade Level:

What activities would you like to see FBLA participate in this year?

- | | |
|--|---|
| <input type="checkbox"/> Movie Nights | <input type="checkbox"/> Baseball games |
| <input type="checkbox"/> Milwaukee Admirals Game | <input type="checkbox"/> Business tours |
| <input type="checkbox"/> Dinner Nights | <input type="checkbox"/> Other |