

**MEMBERSHIP APPLICATION FORM**

**2019-2020 Membership Year**

|  |  |  |
| --- | --- | --- |
| **NAME:** |  **T#** |  |
| **ADDRESS** |  |  |
| **CITY, STATE, ZIP** |  |  |
| **HOME PHONE:** |  |  |
| **WORK PHONE:** |  |  |
| **EMPLOYED BY:** |  |  |
| **MAJOR:** |  |  |
| **EMAIL ADDRESS:** |  |  |
| **Person who invited you:**  |  |  |

DUES: $25 per year (includes $10 national, $5 state, and $10 local dues)

 Make check payable to “UALR PBL”

 Please complete this form and submit it with your dues payment

Submit dues to: Sarah Clements, Advisor Office: College of Business, Room 225

 Phone: 501-569-8853 Email: sjclements@ualr.edu

Payment Information Record

PAID:  YES  NO BALANCE DUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_