

AMERICAN INDIAN BUSINESS LEADERS

Gallagher Business Building, Suite 366

Missoula, MT 59812

www.aibl.org

High School Chapter Membership Application

Date _____ New _____ Renewal _____
Date Joined AIBL

(Please Print or Type)

Name _____

Other Names Used _____

Permanent Address _____

City, State, Zip _____

Email _____

Phone _____

Tribal Affiliation _____

Gender Female Male

Name of High School _____

Level in School Freshman Sophomore Junior Senior

(Please circle one)

AIBL Chapter Position _____

Example: President, Vice President, Member, etc.

Parent/Guardian Information:

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Were you a member of a junior AIBL chapter (K-8)? _____

If yes, what was the name of the chapter? _____