

# AMERICAN INDIAN BUSINESS LEADERS

Gallagher Business Building, Suite 366

Missoula, MT 59812

www.aibl.org

## Junior (K-8) Chapter Membership Application

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Date \_\_\_\_\_  New  Renewal \_\_\_\_\_  
Date Joined AIBL

*(Please Print or Type)*

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

Gender  Female  Male

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Name of School \_\_\_\_\_

Level in School    K    1    2    3    4    5    6    7    8  
*(Please circle one)*

AIBL Chapter Position \_\_\_\_\_  
Example: President, Vice President, Member, etc.

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### Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_