



American Indian Business Leaders

Spirit of Success

Membership Application

Date: _____ New: _____ Renewal: _____
(Date Joined AIBL)

First Name: _____ Last Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Telephone Number: _____

Tribe: _____

Gender:

Female _____ Male _____

Membership Category: _____ Academic Year: _____
Example: Tribal College, University, High School, or Junior

Level in School (*please circle one*): Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12
Freshman Sophomore Junior Senior Graduate PhD

Name of School/Campus: _____

AIBL Chapter Position: _____

Parent/Guardian Information for K-12 AIBL Members (REQUIRED):

First Name: _____ Last Name: _____

Telephone Number: _____

E-Mail Address: _____

Mail form to: National American Indian Business Leaders
Gallagher Business Building, Suite 366
Missoula, MT 59812