

2019-20 FBLA-PBL MEMBERSHIP FORM

Future Business Leaders of America-Phi Beta Lambda, Inc. (FBLA-PBL) is the oldest and largest national organization for students preparing for careers in business. FBLA-PBL prepares students for “real world” professional experiences. Members gain the competitive edge for college and career success. More than a quarter of a million students participate in this dynamic leadership organization. **Membership dues included in your Academy of Finance fees due by Sept. 6th.**

FBLA will provide you with:

- Travel opportunities (state and national conferences; local field trips to area businesses)
- Networking opportunities with local business people
- Challenging competitions
- Excellent publications and resources for personal and professional development
- Leadership and academic development
- Community service experience
- Membership recognition and awards
- Friendships and lots of fun!

As a member of William T. Dwyer High FBLA, I agree to conduct myself in a manner that is both professional and respectful. Furthermore, as an FBLA member, I agree to abide by all rules set forth by my advisers and administrators. I also agree to follow the FBLA Dress Code and Code of Conduct when participating in FBLA activities off campus. Complete the form below and return to your Finance teacher by August 28th.

FBLA MEMBERSHIP APPLICATION

NEATLY PRINT the following information.

School Year 2019-2020

Name: _____ Student Number: _____

Home Phone: _____ Cell Phone: _____ Birthday: _____

Email Address: _____

Were you in FBLA last year? Y/N Were you in FBLA in Middle school? Y/N If yes, where? _____

I am interested in serving on the following committees: (check all that apply)

Community Service Social Fund-raising Public Relations Competition Prep

- I agree and my child agrees to abide by all rules and safety precautions relating to this field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. The School District recognizes its responsibility for its negligent acts subject to the limits of Section 768.28, Florida Statutes. Based on current Florida Law, the School Board is not responsible for the negligence of volunteer drivers. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the School District for all costs, damages and attorney's fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip.

Signature of Parent/Guardian

Date