



MEMBERSHIP ACHIEVEMENT AWARD FORM

Please type or print clearly.

School Name: _____ Chapter Number: _____

Check one: ☐ FBLA ☐ PBL ☐ FBLA-Middle Level

Lead Adviser: _____ Chapter President: _____

Lead Adviser's E-mail: _____

School Address: _____

City: _____ State: _____ Zip: _____

Awarded to chapters that maintained or increased their membership over prior year levels.

Number of current year members: _____ Number of prior year members: _____

Send to: FBLA-PBL Membership Awards
1912 Association Drive
Reston, VA 20191-1591

Postmarked by: April 1

or fax: 866.500.5610