Date :

I, , (Student ID# )

hereby authorize the Business Office to charge PBL Membership dues in the amount of

$ 30 to my Pell Grant, Scholarship, Federal Student Loan, or any other available financial aid. PBL Membership dues are $30.00 per year.

 Student’s Signature

**DEADLINE: September 28, 2020**

**NOTE: All funds are to deposited in to the PBL Agency Account # 16-0000-31216**

**This form MUST be returned to a PBL advisor. (Mrs. Ferguson, Mr. Fortenberry, Mr. Hebert, Lisa Lampton or Ms. Hurtt) by the deadline date stated above.**

# Phi Beta Lambda Membership Application

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_**

**Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recruited By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**