



American Indian Business Leaders

Spirit of Success

Individual Membership Form

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

Name of School/Campus: _____

Membership Category: _____
Example: Tribal College or University

First Name: _____ Last Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Telephone Number: _____

Tribal Affiliation (optional): _____

Chapter Position: _____

Example: President, Vice President, Secretary, Member

Mail form to: National American Indian Business Leaders
Gallagher Business Building, Suite 366
Missoula, MT 59812
Or Fax to: (406) 243-2086