



American Indian Business Leaders

Spirit of Success

Renewal of AIBL Chapter Status

Name of School: _____

Chapter Advisor Information:

Name: _____

Job Title: _____

Mailing Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Telephone Number: _____ Fax Number: _____

Tribal Affiliation/Ethnicity: _____

Number of Students in Chapter: _____

We, the student chapter members and our chapter advisor, have read and understand the accepted duties and responsibilities set forth in the **CODE OF ETHICS** and **CODE FOR THE GOVERNING OF STUDENT CHAPTERS OF THE AMERICAN INDIAN BUSINESS LEADERS.**

Signature of Chapter Advisor

Date

Signature of Chapter President

Date

THIS APPLICATION MUST BE RENEWED EACH ACADEMIC YEAR

Return Completed Form to:

American Indian Business Leaders
Gallagher Business Building, Suite 366
Missoula, Montana 59812

