



Maynard Jackson High School Jaguars FBLA Membership Application

First Name

Last Name

MI

Address

City

State

Zip Code

Email

Birthday

Home Phone

Cell Phone

Can you receive text messages?

☐ Yes ☐ No

Year In School: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Gender: ☐ Male ☐ Female

Do you have your own transportation?

☐ Yes ☐ No

If no, please list who you usually depend on for transportation. (This is required because you must have your own transportation home after meetings and overnight fieldtrips)

T-shirt size_____

Blazer size_____

Are you involved in any other extracurricular activities? If so, please list each activity.

CTAE Teacher Name_____



Who recruited you?_____

Are you interested in becoming apart of a committee? ☐ Yes ☐ No

Emergency Contact Information

Parent/Guardian Name_____

Phone_____ Cell Phone_____

Email_____

Please list your course schedule with the name of the class and the teacher's name.

Period	Course	Teacher's Name	Room Number
1A			
2A			
3A			
4A			
1B			
2B			
3B			
4B			

I have enclosed my \$20 dues with this application.

Please note that by signing this you give MJHS FBLA permission to use your son/daughter's image on MJHS FBLA sponsored media.

Student Signature

Date

Parent Signature

Date

