

DPE Membership Form

By signing this form, I attest to the following:

I am committed to promoting scholarship, leadership, and cooperation among professionals in education for business.

I have a **bachelor's degree** from a regionally accredited institution and have completed at least **six semester graduate hours with at least a "B" average** in business or education or a related discipline from a regionally accredited institution.

I shall strive to excel as a professional in business and in education.

I shall strive to further develop the leadership qualities needed to advance the goals of the education for business profession.

I have the sincere desire to be a lifelong learner in business and in education and to pursue new and emerging educational and research opportunities.

Personal Information

[Please print this page; print required information]

NAME: _____

STREET ADDRESS: _____

City: _____ STATE: _____ ZIP: _____

HOME/CELL PHONE: _____

INSTITUTION AFFILIATION: _____

INSTITUTION PHONE: _____

I AM: student / faculty member / unaffiliated / retired (circle)

YOUR SIGNATURE: _____

Return this form with your membership fee of \$80 to:

DPE National Office; P.O. Box 4340; Little Rock, AR 72214