

**Phi Beta Sigma Fraternity, Inc.**  
**SIGMA BETA CLUB**  
**Membership Application**

**Please Print or Type Application:**

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Date \_\_\_\_\_ Chapter: \_\_\_\_\_ Region: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Cumulative G.P.A. \_\_\_\_\_ Last Semester G.P.A. \_\_\_\_\_

**Parents /Guardian Information:**

**Mother Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_

Telephone (Home) : \_\_\_\_\_ (Work:): \_\_\_\_\_

**Father Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_

Telephone (Home) : \_\_\_\_\_ (Work:): \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ Zip: \_\_\_\_\_

Telephone (Home) : \_\_\_\_\_ (Work:): \_\_\_\_\_

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to:

Sigma Beta Club Information System  
145 Kennedy Street, N.W.  
Washington. D.C. 20011

**Please maintain a copy for your chapter and club files**