

**National Sigma Beta Club Foundation**  
**SIGMA BETA CLUB**  
**Chartering Application**

**Please Print or Type Application:**

Chapter Name: \_\_\_\_\_ President: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number (Home): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

**Director / Coordinator of Sigma Beta Club:**

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

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

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

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

**Charter Committee Members:**

Name	Membership Number	Police Report Verified: (Y) or (N)	Approved: (Y) or (N)

Number of Charter Members: \_\_\_\_\_

Signature:

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to:

National Sigma Beta Club Foundation  
 Sigma Beta Club Information System  
 3711 Cathedral Drive  
 Baton Rouge LA 70805

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

**National Sigma Beta Club Foundation**  
**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:**

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**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: \_\_\_\_\_

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**National Sigma Beta Club Foundation**  
**SIGMA BETA CLUB**  
**Parental /Guardian Consent and Emergency Information**

**Please Print or Type Application:**

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Date: \_\_\_\_\_

Club Member's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ .

I/(We), give permission for our son, \_\_\_\_\_ as named above, to participate in the Sigma Beta Club, National Sigma Beta Club Foundation. In addition, I/(We), the parent(s) of the above named youth do hereby authorize any treatment or emergency care needed for said child by any licensed nurse, physician, or hospital while participating in the activities of the Sigma Beta Club.

As the parent(s)/next of kin and guardian of said minor, I/(We), forever release, acquit and discharge National Sigma Beta Club Foundation/Sigma Beta Club from any and all liabilities, claims and causes of action which I/(We) or my/(our) representatives may have by reason of said emergency care. My/(Our) child is covered by \_\_\_\_\_ insurance policy # \_\_\_\_\_ effective from \_\_\_\_\_ to \_\_\_\_\_.

**Signature(s)**

**Parents / Guardian:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_

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**SIGMA BETA CLUB**  
**Parental /Guardian Consent and Emergency Information**

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**In case of an emergency, please contact**

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

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

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

Phone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

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

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

Phone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

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

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

Phone Number: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

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**National Sigma Beta Club Foundation**  
**SIGMA BETA CLUB**  
**Registration**

**Please Print or Type:**

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Chapter Name: \_\_\_\_\_ President: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number (Home): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number (Work): \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

**Director / Coordinator of Sigma Beta Club:**

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

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

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

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

**Advisor(s): (List advisors who have been approved by Chapter executive board and Regional Director:**

Name	Membership Number

Chapter President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director / Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SIGMA BETA CLUB**  
**Registration**

**Club Information Data**

**Please Print or Type:**

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Number of Members:

Active: \_\_\_\_\_ Inactive: \_\_\_\_\_ Total: \_\_\_\_\_

New Members: \_\_\_\_\_ Returned Members: \_\_\_\_\_

**Active Members Age Category:**

Age	# of Active Members	Age	# of Active Members
8 yrs.		14 yrs.	
9 yrs.		15 yrs.	
10 yrs.		16 yrs.	
11 yrs.		17 yrs.	
12 yrs.		18 yrs.	
13 yrs.		Others:	

**Active Members School Grade Category:**

Grade	# of Active Members	Grade	# of Active Members
4 <sup>th</sup>		9 <sup>th</sup>	
5 <sup>th</sup>		10 <sup>th</sup>	
6 <sup>th</sup>		11 <sup>th</sup>	
7 <sup>th</sup>		12 <sup>th</sup>	
8 <sup>th</sup>		Others:	

**Years in Sigma Beta Club:**

Years	# of Active Members	Years	# of Active Members
1 or less year		5 years	
2 years		6 years	
3 years		7 years	
4 years		8 and more years	

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**Please Print or Type:**

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Please indicate number of meetings per month: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of meeting: \_\_\_\_\_

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Amount of membership dues per year: \_\_\_\_\_

Number of Scholarship Awarded: \_\_\_\_\_ Total Amount: \_\_\_\_\_

**Activities: (Number of Activities)**

(Please count an activity only once and the most appropriate category)

SET / Education / Tutorial: \_\_\_\_\_ Social Action (i.e. SATPP): \_\_\_\_\_

Bigger and Better Business: (i.e. J.A.) \_\_\_\_\_ Community Service: \_\_\_\_\_

Cultural: \_\_\_\_\_ Athletic: \_\_\_\_\_

**Financial Information:**

Please indicate Number of Fundraisers: \_\_\_\_\_ Total Amount: \_\_\_\_\_

**Please Indicate Total Dollar amount:**

Membership Dues: \_\_\_\_\_ Graduate Chapters: \_\_\_\_\_

Corporate Sponsorship: \_\_\_\_\_ Grants: \_\_\_\_\_

Parents: \_\_\_\_\_ Others: \_\_\_\_\_

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SIGMA BETA CLUB**

**Advisor Application**

To be approved as an advisor, please register with the National Center for Safety Initiatives at [www.ncsisafe.com](http://www.ncsisafe.com).

**Please Print or Type:**

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Chapter Name: \_\_\_\_\_ Region: \_\_\_\_\_

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

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

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

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Membership Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**If you have been in the above address less than 5 years, provide all residence within the past 5 years:**

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

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

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

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

**Have you been convicted of any felony?** \_\_\_\_\_

**If yes, please provide detail information** \_\_\_\_\_

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

-----Do Not Write Below-----

Approved by the Chapter Executive Board? \_\_\_\_\_

Chapter President: \_\_\_\_\_ Date: \_\_\_\_\_

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