



# SBC-2 – MEMBERSHIP APPLICATION FORM

National Sigma Beta Club Foundation, Inc.  
Attn: Finance and Membership

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Baton Rouge, Louisiana 70806

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Website: [www.sigmabetaclub.org](http://www.sigmabetaclub.org)

**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/Cell): \_\_\_\_\_

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian**

**Date**

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