

SIGMA BETA CLUB

Registration

Please Print or Type:

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: _____

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

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Club Information Data

Please Print or Type:

Number of Members:

Active: _____ Inactive: _____ Total: _____

New Members: _____ Returned Members: _____

Active Members Age Category:

<u>Age</u>	<u># of Active Members</u>	<u>Age</u>	<u># of Active Members</u>
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:

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

Years in Sigma Beta Club:

<u>Years</u>	<u># of Active Members</u>	<u>Years</u>	<u># of Active Members</u>
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

Please indicate number of meetings per month: _____

Date: _____ Time: _____

Location of meeting: _____

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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