

# APPLICATION FOR MEMBERSHIP



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PHI BETA SIGMA FRATERNITY, INC.

Established 1914 | Washington, D.C.





# Application for Membership

Print or Type **ONLY**



## Section 1: General Information

Name: \_\_\_\_\_  
*(Pre. First Middle Last, Suffix)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(Street/ Box (for mailing))*

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Business Email: \_\_\_\_\_

## Section 2: Private Information

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
*(City, ST) (mm/dd/yyyy)*

Ethnicity (optional):  Black or African American  White  American Indian or Alaska Native  
*Check all that apply*  Asian  Native Hawaiian or Other Pacific Islander  
 Middle Eastern  Other (please list): \_\_\_\_\_

Marital Status:  Single  Married

If Married, Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nearest Living Relative/Friend: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(Street/ Box (for mailing))*

Employed:  Y  N

If Yes, Name of Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Hobbies/ Interests: \_\_\_\_\_

Organizational Affiliations (professional/ social (non-fraternal)/ service oriented or Masonic):

1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Have you held leadership roles in any of these organizations? *If Yes, explain (e.g. position/ term/ duties):*

Have you ever applied for membership into or been rejected by another college Fraternity?  Y  N

If Yes, Which?  
If Rejected, Why?

Are you a legacy of this Fraternity?  Y  N *(A legacy is a person whose brother, father or son is a member of the Fraternity)*

If No, does anyone in your family belong to a Greek lettered organization?  Y  N

If Yes, Who: \_\_\_\_\_  
*(Print Name) (Relationship to You)*

Which organization: \_\_\_\_\_



### Section 3: Educational Information

- **Alumni applicants** must have completed a minimum of 2 years of a full program of study from a recognized college/ university to be eligible to apply and must provide the chapter with either a copy of their diploma OR an OFFICIAL transcript reflecting this
- **Collegiate applicants** must have a minimum 2.5 GPA on a 4.0 grading scale (or the equivalent of) at the time of their application to be eligible to apply

Current Student:  Y  N *If Yes, Name of Institution:*

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*This Question is for Collegiate Applicants Only*

Are you a current student at the college/ university where this chapter is located?  Y  N

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Degree Type Sought (e.g. B.S. or M.Ed.):

Major of Study: \_\_\_\_\_ Minor (if any): \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ Number of Hours Completed: \_\_\_\_\_ Expected Graduation: \_\_\_\_\_

Career Objective: \_\_\_\_\_

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*This Section is For Alumni Applicants Only*

Do you have a college degree(s):  Y  N

If you **do not** have a college degree, how many TOTAL hours of college credit have you earned?

1) Name of Institution: \_\_\_\_\_

Degree Type Sought or Earned (e.g. B.S. or M.Ed.): \_\_\_\_\_

Major of Study: \_\_\_\_\_ Minor (if any): \_\_\_\_\_

Final Cum. or Graduating GPA: \_\_\_\_\_ Hours Completed: \_\_\_\_\_ Was Degree Conferred:  Y  N  
*If Yes, Date Conferred: \_\_\_\_\_*

2) Name of Institution: \_\_\_\_\_

Degree Type Sought or Earned (e.g. B.S. or M.Ed.): \_\_\_\_\_

Major of Study: \_\_\_\_\_ Minor (if any): \_\_\_\_\_

Final Cum. or Graduating GPA: \_\_\_\_\_ Hours Completed: \_\_\_\_\_ Was Degree Conferred:  Y  N  
*If Yes, Date Conferred: \_\_\_\_\_*

### Section 4: References

Please list three references (not including relatives)

1) Name:	Relationship:	Contact #:
Address:	City:	ST: Zip:
<i>(Street/ Box (for mailing))</i>		
2) Name:	Relationship:	Contact #:
Address:	City:	ST: Zip:
<i>(Street/ Box (for mailing))</i>		
3) Name:	Relationship:	Contact #:
Address:	City:	ST: Zip:
<i>(Street/ Box (for mailing))</i>		

I hereby make application for membership in the Phi Beta Sigma Fraternity, Inc. and confirm that all of the information in this application is accurate to my knowledge. I also understand that any falsification of the above information can result in the denial of this application. If initiated, I will abide by its Constitution and By-Laws, support its objectives, comply with its standards of conduct and pay the established annual dues.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## **PROSPECTIVE MEMBER ACKNOWLEDGEMENT OF ANTI-HAZING POLICY AND HOLD HARMLESS AGREEMENT**

The undersigned, \_\_\_\_\_, a candidate for membership in Phi Beta Sigma Fraternity, Incorporated (hereinafter referred to as “the Fraternity”), acknowledges that he understands and agrees as follows:

### **GENERAL DEFINITION OF HAZING**

“Any action taken or situation created, intentionally, whether on or off fraternity premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Such activities may include but are not limited to the following: use of alcohol; paddling in any form; creation of excessive fatigue; physical and psychological shocks; quests, treasure hunts, scavenger hunts, road trips or any other such activities carried on outside or inside of the confines of the chapter house; wearing of public apparel which is conspicuous and not normally in good taste; engaging in public stunts and buffoonery; morally degrading or humiliating games and activities; and any other activities which are not consistent with fraternal law, ritual or policy or the regulations and policies of the educational institution.”

### **SECTION I – DECLARATION OF PURPOSE**

- A) The purpose of this Agreement is to contractually state and declare Phi Beta Sigma’s commitment to its constitutional Anti-Hazing Policy and its intent to obtain every assurance possible to prevent acts of hazing from occurring.
- B) The Fraternity will take every measure to hold a member accountable for any acts of hazing in which he allows himself to become involved alone or in the company of others who are members or claimed members and knowingly protects those who engage in acts of hazing. For purpose of knowledge in this content we mean anyone who knows or should have known.
- C) No applicant for membership in the Fraternity is required to subject himself to any form of hazing; the Prospective Member is specifically prohibited from tolerating or going along with any improper conduct during his Membership Intake Process in the form of hazing; and the Prospective Member is expected and requested to immediately contact a local, regional or national representative of the Fraternity by telephone, fax, e-mail or regular mail and notify him of said conduct. The contact information for the International Headquarters is as follows:

**145 Kennedy Street, N.W., Washington, D.C. 20011-5260**

**Phone: 202-726-5434 Fax: 202-882-1681 E-Mail: [execdirector@pbs1914.biz](mailto:execdirector@pbs1914.biz)**

### **SECTION II – ACKNOWLEDGEMENT OF ANTI-HAZING POLICY**

The statements in this Section are to expressly acknowledge each Prospective Members’ understanding of the Fraternity’s Anti-Hazing and Anti-Pledging Policy as follows:

“No chapter of Phi Beta Sigma shall indulge in any physical abuse or undignified treatment (hazing) of its members or prospective members. Hazing is defined as: any action taken or situation created intentionally or unintentionally, whether on or off Fraternity premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Such activities and situations include, but are not limited to: paddling in any form; creation of excessive fatigue; physical and psychological shocks; quests, treasure hunts, scavenger hunts, road trips or any other activities carried outside the confines of the campus or chapter house; wearing publicly apparel which is conspicuous and not normally in good taste; engaging in any public stunts and buffoonery; morally degrading or humiliating games and activities; late work sessions (past 12 Midnight) which interfere with scholastic activity; and any other activities which are not consistent with Fraternal Law, Ritual, or Policy or with Regulations and Policies of the educational institution. Hazing is forbidden by the Fraternity’s Constitution and by public laws of the various states.”

(Initial Box Below)

**I have read the Fraternity’s Definition of Hazing, Declaration of Purpose and Acknowledgement of Anti-Hazing Policy above and agree to observe its prohibitions and comply with its contents.**

**SECTION III – ACCEPTANCE OF RESPONSIBILITY**

The undersigned Prospective Member understands that his involvement in any Membership Intake Process is of his own volition and strictly voluntary in nature. Participation in the process as a stated Member of the Fraternity does not and will not absolve the Member of any responsibilities and liabilities imposed by law and of duties owed by one human being to another to hold inviolate personal, human and civil rights and not engage in conduct injurious to the physical and mental well-being of another. Therefore, the undersigned Prospective Member understands that Phi Beta Sigma does not condone such activities or behavior defined as hazing and his failure to report any such activity against his person or that occurs in his presence, during the course of any meeting or encounter with a member of the Fraternity or during his Membership Intake Process, will result in appropriate disciplinary action against the Prospective Member, including, but not limited to dismissal of the Prospective Member from consideration for membership in the Fraternity and the forfeiture of all fees paid to date.

(Initial Box Below)

**I have read this section on Acceptance of Responsibility and agree to accept responsibility for my own actions and conduct in connection with the Membership Intake Process and assume liability, were I to allow myself to be subjected to acts established to be Hazing, including injuries and damages, and any legal fees which the Fraternity has to pay arising from my actions or inaction as a Prospective Member.**

**SECTION IV – INDEMNITY AND HOLD-HARMLESS CLAUSE**

The undersigned Prospective Member agrees that where he allows himself to be subjected to prohibited activity or unlawful conduct or other activity considered to be hazing, resulting in mental harm or physical injury, including death, he agrees to defend, indemnify and hold harmless Phi Beta Sigma Fraternity, Incorporated and all of its Regional, State and Local Body, Entity, Organization, Chapter, Advisor, Officer or Member thereof, for any claim of injury and/or damages arising there from, including legal fees incurred to the Fraternity.

**SECTION V – SEVERABILITY**

In the event that any clause of this Agreement is rendered void as against Public Policy or as against the laws of any particular jurisdiction, it is agreed that the remaining clauses of this Agreement, will remain in full force and effect.

**SECTION VI – AFFIRMATION**

The undersigned Prospective Member affirms that he has read this document, which includes the Phi Beta Sigma Fraternity Anti-Hazing and Anti-Pledging Policy and that he fully understands the contents thereof, and verifies that he has not in any way, form or fashion been coerced, forced or made any promises to sign this document and that he has signed the same voluntarily and of his own free will.

WITNESS, his hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

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

Full Name: \_\_\_\_\_  
(Print Clearly)

Social Security #: \_\_\_\_\_  
*Social Security Number will be used for internal purposes only*

Attested By: \_\_\_\_\_

Type or Print Only

**This section is to be completed by Chapter Official ONLY (MIP Chair)**

Application for the following membership type (choose one):

Collegiate  Associate  Alumni

Check **ONLY** if the applicant is petitioning for the Member Reclamation (Lost Brothers) Program

Received by: (Print name)

Date Received (mm/dd/yyyy)

Chapter Officer Title

Chapter:

Region:

EA

GC

GL

SE

SO

SW

WE

Chapter Address:

City:

State:

Zip:

Chapter Location (if different from mailing address)

City:

State:

Zip:

MIP Chair:

Contact #:

Email:

**This Section is For Collegiate Use Only**

College/University:

Campus Advisor:

Contact #:

Advisor Name:

(Fraternity Alumni Advisor)

Contact #:

Advising Chapter:

Please Print Very Clearly

**This section is to be completed by Regional Director ONLY**

Regional Director's Name (Please Print)

Date Received (mm/dd/yyyy)

**Alumni Application Approval Checklist**

- 1) Applicant has completed a minimum of two years of a full program at a recognized college/ university
- 2) Applicant has submitted either an **official** transcript **OR** a copy of their college degree(s)
- 3) Applicant signed **all parts** of this application
- 4) Applicant has paid all fees associated with this application (application fee & new member fees)

\$ \_\_\_\_\_  
Total amount received for this application

**Collegiate/ Associate Application Approval Checklist**

- 1) Applicant has a minimum of a 2.5 cumulative GPA on a 4.0 grading scale
- 2) Applicant has submitted either an **official** transcript **OR** is included on a PBS-3 form with the raised university seal
- 3) Applicant signed **all parts** of this application
- 4) Applicant has paid all fees associated with this application (application fee & new member fees)

\$ \_\_\_\_\_  
Total amount received for this application

Regional Director's Signature

Initiation Date (for processing purposes)



Phi Beta Sigma Fraternity, Inc.  
Corporate Headquarters  
145 Kennedy St. NW, Washington, DC 20011  
[www.pbs1914.org](http://www.pbs1914.org)  
202.726.5424