



SBC-2 – MEMBERSHIP APPLICATION FORM
 (AS OF 12/1/2019)
 FORM SUBJECT TO CHANGE

National Sigma Beta Club Foundation, Inc.
 Attn: Membership/Finance
 3313 Government Street - Baton Rouge, Louisiana 70806
 Website: www.sigmabetaclub.org

NOTE: Parents/Guardians, submit forms to SBC Chapter Coordinator

Please Print or Type Application:

Date: _____ Chapter: _____ Region: _____

SBC Member Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email address: _____

Date of Birth: _____ Age: _____ Name of School: _____

Grade Level: _____ Cumulative GPA.: _____ on a _____ scale _____

Parental Information:

Mother Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone#: (home) _____ (cell): _____ (work): _____

Email address: _____

Father Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone#: (home) _____ (cell): _____ (work): _____

Email address: _____

Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone#: (home) _____ (cell): _____ (work): _____

Email address: _____

Please maintain a copy for your chapter and club files.



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Emergency Contact List

SBC Member's Name: _____

In Case of Emergency, please contact:

Name: _____ **Relationship:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone Number: **home:** _____

work: _____

cell: _____

Name: _____ **Relationship:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone Number: **home:** _____

work: _____

cell: _____

Name: _____ **Relationship:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Phone Number: **home:** _____

work: _____

cell: _____

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**SBC-3 – PARENTAL
CONSENT FORM**
(AS OF 12/1/2019)
FORM SUBJECT TO CHANGE

National Sigma Beta Club Foundation, Inc.

Attn: Membership/Finance

3313 Government Street - Baton Rouge, Louisiana 70806

Website: www.sigmabetaclub.org

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Please Print or Type Application:

Date: _____

Parent/Guardian Name: _____

SBC Member Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent Phone#: (home) _____ (cell): _____ (work): _____

Parent's Email address: _____

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 approved
activities of the Sigma Beta Club either sanctioned by the sponsored _____ Chapter or
the National Sigma Beta Club Foundation.

As the parent(s)/next of kin and guardian of said minor, I/(We), forever release, acquit and discharge
National Sigma Beta Club Foundation, Board Members and Officers, his affiliate SBC club, its officers and
advisors, and Phi Beta Sigma Fraternity, Inc. its Board Members and Officers, from all liabilities, claims, and
causes of action which I/(We) or my/(our) representatives may have by reason of said emergency care.

Please maintain a copy for your chapter and club files.



**SBC-3 – PARENTAL
CONSENT FORM**
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Medical Information (Please Print or Type Application): SBC Members Name: _____

My/Our child covered by:

Insurance company: _____

Policy number: _____

Effective from: _____ to _____

Known medication:

Known Allergies: _____

Doctor/Physician's Name: _____

Contact Number: (main) _____ (fax) _____

Contact E-mail Address: _____

Parent/Guardian Signature(s):

Print: _____ Sign: _____ Date: _____

Notary Information:

Print: _____ Sign: _____ Date: _____

Subscribe and sworn before me _____ DAY OF _____, 20____

Notary Public, State of _____ My Commission Expires _____



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