



**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:
SBC Email address: SBC Cell Phone #:
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:

Please maintain a copy for your chapter and club files.



**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

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

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 Delta Omicron Sigma 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

(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

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

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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