



SIGMA BETA CLUB RISE AND THUNDER PROGRAM LEVEL: MEMBER

SBC MEMBER NAME: _____

(M1) Robert's Rules of Order & Sigma Beta Club History {5}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA

(M2) Local Service Project {2, 4}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETION	EVENT TIME	VOLUNTEER HOURS

(M3) Local Activity/Meeting {2, 5}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETION	EVENT TIME	VOLUNTEER HOURS

(M4) Induction Ceremony {5}

LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA

ONCE COMPLETED UPLOAD TO THE WEBSITE @ <https://www.pinellascountysigmas.com/dos-sigma-beta-club>

_____ VOLUNTEER HOURS WERE COMPLETED DURING THE _____ CALENDAR YEAR

DIRECTOR SIGNATURE: _____