DATE _____

CHAPTER _____

REGION _____

LOCATION _____

PHI BETA SIGMA FRATERNITY, Inc.

145 Kennedy Street, N.W. Washington D.C. 20011 (202) 726-5434

RECEIPT NUMBER _____ DATE _____

TYPE ONLY

	NAME	STREET ADDRESS, CITY, STATE, ZIP CODE, AND APT #	CODE (CIRCLE)
1.	LAST CARD # D.O.B.	PHONE # ( )	A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
2.	LAST CARD # D.O.B.	PHONE # ( )	A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
3.	LAST CARD # D.O.B.	PHONE # ( )	A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
4.	LAST CARD # D.O.B.	PHONE # ( )	A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
5.	LAST CARD # D.O.B.	PHONE # ( )	A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
6.	LAST CARD # D.O.B.	PHONE # ( )	A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
7.	LAST CARD # D.O.B.	PHONE # ( )	A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
8.	LAST CARD # D.O.B.	PHONE # ( )	A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8

	A1 NATIONAL DUES	
	A2 REGIONAL DUES 1 Yr. 2 Yr.	
	A3 REINSTATEMENT FEE	
	A4 LIFE MEMBER INSTALL.	
	A5 CRESCENT FEE	
	A6 DUPLICATE MEMBERSHIP CARD	
	A7 NATIONAL DUES (LATE)	
	A8 REGIONAL DUES (LATE)	
	B. MEMBERSHIP MATERIAL	
	B1 CRESCENT LIGHT	
	B2 CRESCENT PIN	
	B3 MEMBERSHIP CERTIFICATES	
	B4 NATIONAL CONSTITUTION	
	B5 FRATERNITY PIN (10K GOLD)	
	B6 FRATERNITY PIN (GOLD KASE)	
	B7 PERFECTION SCOOP	
	B8 DUPLICATE CERTIFICATE	
	C. CHAPTER ITEMS	
	C1 CHAPTER FEE-GRADUATE	
	C2 CHARTER FEE-UNDERGRADUATE	
	C3 CHAPTER TAX-GRADUATE	
	C4 CHAPTER TAX-UNDERGRADUATE	
	C5 CHAPTER REINSTATEMENT	
	C6 DUPLICATE CHARTER	
	C7 UNIFIED BOOKKEEPING SYSTEM	
	C8 CONCLAVE ABSENCE FEE	
	C8 RITUALS	
	D. OTHER ITEMS	
	TOTAL $	

SHIP FROM _____ OFFICER TITLE _____

CHAPTER ADDRESS _____

_____

_____

DAYTIME PHONE NUMBER (_____) _____

PBS-1 (REVISED 10/93)

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