



Phi Beta Sigma Fraternity, Inc.

Founded 1914

National
Headquarters

145 Kennedy St., N.W.
Washington, D.C. 20011

APPLICATION FOR MEMBERSHIP

Send the following forms to the National Office two (2) weeks following the selection of new members.

- (1) THIS COMPLETED APPLICATION (ALL THREE COPIES PBS-2)
- (2) MEMBERSHIP APPROVAL FORM (PBS-3 or PBS-4)
- (3) Phi Beta Sigma Fraternity ORDER FORM (FORM PBS-1) (Revised 8/90)
- (4) PBS-6
- (5) MONEY ORDER OR CERTIFIED CHECK FOR MEMBERSHIP FEE

PLEASE TYPE & Answer all questions.

Chapter Name _____ Region _____

Name of Applicant _____ Date _____

PERSONAL DATA

Complete Home Address _____ Home Phone (_____) _____

Daytime Phone (_____) _____

Age _____ Date of Birth _____

CITY _____ STATE _____ ZIP _____

School Address, if applicable: _____ Place of Birth _____

Marital Status _____

Name of Spouse _____

CITY _____ STATE _____ ZIP _____

Phone # (_____) _____

Nearest Relative (Name and relation) _____ Phone # (_____) _____

CITY _____ STATE _____ ZIP _____

EDUCATION

College(s) Professional or Technical School(s) _____

Degree(s) Sought or Completed _____ Total Credits Completed _____ Scholastic Avg. _____

Career Objective and Occupation _____

Year(s) of Graduation _____

Extra-Curricular College or Community Interest _____

PERSONAL AND COMMUNITY ACTIVITIES

Hobbies _____

Have you ever been pledged to or rejected by a college Fraternity? If yes, name of Fraternity reason for rejection, etc. _____

Membership in Fraternal, Civic or Professional Organizations _____

PERSONAL REFERENCES

List three with names and addresses; do not include any relatives _____

CITY _____ STATE _____ ZIP _____

I hereby make application for membership in the Phi Beta Sigma Fraternity, Inc. 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 _____

INFORMATION TO BE FILLED IN BY CHAPTER

Endorsed by Brother _____ Chapter _____

CHAPTER SECRETARY

Brother _____ Chapter _____

CHAPTER PRESIDENT

THIS SECTION TO BE FILLED OUT BY REGIONAL DIRECTOR

Approved by Regional Director _____ Date _____

Initiation Date _____

THIS SECTION FOR NATIONAL OFFICE USE ONLY

Card # _____ Frat. Pin Order # _____ Certificate # _____

Date Received at National Office _____