

BETA SIGMA PHI

Application for Membership

Fill in all information – please print neatly on each line

PLEDGE'S FULL NAME – LAST, FIRST & MIDDLE INITIAL

CHAPTER NAME

MAILING ADDRESS – NUMBER & STREET

CHAPTER NUMBER

CITY

STATE

POSTAL CODE

E-MAIL ADDRESS

DATE OF BIRTH

MAIDEN NAME

PHONE NUMBER (☐ HOME ☐ CELL/TEXT)

To become a member of Beta Sigma Phi, you only need to pay Chapter Dues of \$_____ per year.

Membership by Invitation

Complete the membership application and return the application and payment to your chapter Vice President. You will be joining the largest social, cultural, and service organization of its kind in the world.

WELCOME TO OUR SISTERHOOD!!!

The Benefits are Extraordinary!

- Friendship with women around the world
- The right to wear the sorority pin of an international organization
- The TORCH our official magazine
- Educational programs and cultural outings!
- The privilege to transfer to another chapter if you move!
- Members conventions and travel opportunities!
- **And More!!**

Beta Sigma Phi Membership Agreement

I ACCEPT THE INVITATION TO BECOME A MEMBER IN A CHAPTER OF Beta Sigma Phi.

I PLEDGE MYSELF TO UPHOLD THE HONOR AND STANDARDS of Beta Sigma Phi and to CONDUCT MYSELF as a loyal member at all times.

Cost and Benefits

I UNDERSTAND THAT NO PORTION OF THE FEES IS SUBJECT TO REFUND.

I understand that the annual fees are subject to change with the vote of the chapter.

While I am in good standing, I shall be entitled to apply for a transfer to any Beta Sigma Phi chapter in the world, but such transfer shall be subject to approval by the chapter to which application is made. Transfer between chapters in my own city must have approval of the city council.

I agree to participate wholeheartedly in the pledge training program and in the cultural programs of my chapter.

I agree to conform to the constitution and by-laws of Beta Sigma Phi, to the rules and regulations and to the constitution and by-laws of each chapter to which I may be admitted, defined as a standard of conduct and appropriate behavior that will not disrespect or misrepresent the organization of Beta Sigma Phi.

I have read and understand this Agreement (not valid unless signed). By signing this form, I consent to receive electronic communications.

PRINT NAME

SIGNATURE

DATE

SIGNATURE OF CHAPTER OFFICER