



National Headquarters

PHI BETA SIGMA FRATERNITY, INC.

Founded 1914

145 Kennedy St., NW
Washington, DC 20011

APPLICATION FOR MEMBERSHIP

Applicant must submit all required forms (Items 1-7) and payment.

- (1) HQ FINANCIAL FORM (PBS-1).
- (2) APPLICATION FOR MEMBERSHIP (PBS-2).
- (3) COLLEGIATE MEMBERSHIP APPROVAL FORM (PBS-3).
- (4) GRADUATE MEMBERSHIP APPROVAL FORM (PBS-4).
- (5) ANTI-HAZING AGREEMENT (PBS-5A and 5B).
- (6) CANDIDATE EVALUATION FORM (PBS-6).
- (7) MONEY ORDER OR CERTIFIED CHECK FOR MEMBERSHIP FEE

Please type and answer all questions.

Chapter Name: _____ Region: _____

Name of Applicant: _____ Date: _____

PERSONAL DATA

Home Address: _____ Home Phone: _____

City, State, Zip: _____ Daytime Phone: _____

Date of Birth: _____ Place of Birth: _____ Marital Status: _____

Name of Spouse: _____

Name of School: _____

School Address (if applicable): _____

City, State, Zip: _____

Nearest Relative (Name and relation): _____

City, State, Zip: _____ Home Phone: _____

EDUCATION, PERSONAL AND COMMUNITY ACTIVITIES

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

Degree(s) Sought or Completed: _____ Total Credits Completed _____ Scholastic Average: _____

Career Objective and Occupation: _____ Years of Graduation: _____

Extra Curricular College or Community Interest: _____

Hobbies: _____

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

PERSONAL REFERENCES

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

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: _____

**THIS SECTION FOR
NATIONAL OFFICE USE ONLY**

**THIS SECTION FOR
REGIONAL DIRECTOR USE ONLY**

**THIS SECTION FOR
CHAPTER USE ONLY**

Card #: _____

Frat. Pin Order #: _____

Certificate #: _____

Date Received: _____

Approved by Regional Director: _____

Date: _____

Initiation Date: _____

Endorsed by Brother: _____

Chapter: _____ Chapter President

Endorsed by Brother: _____

Chapter: _____ Chapter Secretary