



SBC - MEMBERSHIP APPLICATION FORM
(AS OF 12/1/2019)
FORM SUBJECT TO CHANGE

National Sigma Beta Club Foundation, Inc.

Attn: Membership/Finance

3313 Government Street

Baton Rouge, Louisiana 70806

E-mail: sigmabetaclubfoundation@hotmail.com

Website: www.sigmabetaclub.org

Please Print or Type Application:

Date: _____ Chapter: DELTA OMICRON SIGMA REGION: SOUTHERN

SBC Member Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ ZIP: _____

SBC Email address: _____ Cell Phone: _____

Name of School Attending: _____ Grade Level: _____ Cumulative GPA: _____

Parental Information:

Mother Name: _____ Email address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone#: (home) _____ (cell): _____ (work): _____

Father Name: _____ Email address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone#: (home) _____ (cell): _____ (work): _____

GUARDIAN Name: _____ Email address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone#: (home) _____ (cell): _____ (work): _____

Please maintain a copy for your chapter and club files.



SBC - PARENTAL CONSENT FORM
(AS OF 12/1/2019)
FORM SUBJECT TO CHANGE

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Baton Rouge, Louisiana 70806

E-mail: sigmabetaclubfoundation@hotmail.com

Website: www.sigmabetaclub.org

Emergency Contact List

SBC Member's Name: _____

In Case of Emergency, please contact:

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: Home: _____ Work: _____ Cell: _____

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SBC - PARENTIAL CONSENT FORM
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Website: www.sigmabetaclub.org

Please Print or Type Application: _____

Date: _____

Parent/Guardian Name: _____

SBC Member Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parents Phone#: (home) _____ **(cell):** _____ **(work):** _____

Parents Email address: _____

I/(We), give permission for our son

as named above, to participate in the Sigma Beta Club, National Sigma Beta Club Foundation. In addition, I/(We), the parent(s) of the above-named youth do hereby authorize any treatment or emergency care needed for said child by any licensed nurse, physician, or hospital while participating in the approved activities of the Sigma Beta Club either sanctioned by the sponsored Delta Omicron Sigma Chapter or the National Sigma Beta Club Foundation.

As the parent(s)/next of kin and guardian of said minor, I/(We), forever release, acquit and discharge National Sigma Beta Club Foundation, Board Members and Officers, his affiliate SBC club, its officers and advisors, and Phi Beta Sigma Fraternity, Inc. its Board Members and Officers, from any and all liabilities, claims, and causes of action which I/(We) or my/(our) representatives may have by reason of said emergency care.

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Medical Information (Please Print or Type Application):

SBC Member's Name: _____

Date of Birth: _____

Moms Name: _____

Cell Phone: _____

Dads Name: _____

Cell Phone: _____

Emergency Contact Name: _____

Cell Phone: _____

My/OUR child is covered by:

INSURANCE company Name: _____

Policy number: _____

Effective from: _____ to _____

Known medication: _____ Known Allergies: _____

Doctor/Physician's Name: _____

Doctor/Physician's: (Phone #) _____ (fax) _____

Doctor/Physician's E-mail Address: _____

Parent/Guardian Signature(s):

Print: _____ Sign: _____ Date: _____

Notary Information:

Print: _____ Sign: _____

SUBSCRIBE and sworn before me _____ DAY OF _____, 20 _____

Notary Public, State of _____ My Commission Expires _____



Affix Stamp here