



SIGMA BETA CLUB

RISE AND THUNDER PROGRAM

LEVEL: MEMBER

SBC MEMBER NAME: _____			ADVISOR: _____	
(M1) Robert's Rules of Order & Sigma Beta Club History {5}				
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA
(M2) Local Service Project {2, 4}				
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETION	EVENT TIME	VOLUNTEER HOURS
(M3) Local Activity/Meeting {2, 5}				
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETION	EVENT TIME	VOLUNTEER HOURS
(M4) Induction Ceremony {5}				
LOCATION	TYPE OF ACTIVITY	DATE OF COMPLETION	EVENT TIME	VOLUNTEER HOURS
			NA	NA

ONCE COMPLETED EMAIL TO DOS SBC DIRECTOR TO VERIFY ACTIVITIES. sigmabetaclub@stpetesigmamas.com

_____ VOLUNTEER HOURS WERE COMPLETED DURING THE _____ CALENDAR YEAR

_____ DIRECTOR SIGNATURE