



**SBC-4 – ADVISOR 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](mailto:sigmabetaclubfoundation@hotmail.com)  
 Website: [www.sigmabetaclub.org](http://www.sigmabetaclub.org)

**Please Print (or Type) Application:** To be approved as an advisor, please register with the National Center for Safety Initiatives at [www.ncsisafe.com](http://www.ncsisafe.com).

Date: \_\_\_\_\_ Chapter: \_\_\_\_\_ Region: \_\_\_\_\_

SBC Advisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Phone# (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

**Additional Information:**

If you have been in the above address less than five (5) years, please provide all residency within the last five (5) years (if more addresses need to be added, please provide all addresses on a separate form):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Have you been convicted of a felony? (Please check) \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please provide with the following information:

Convicted Offense: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Brief Description of Crime: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

=====DO NOT WRITE BELOW=====

Chapter President Name: \_\_\_\_\_ Approved by the Chapter? \_\_\_\_\_

Chapter President Signature: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Please maintain a copy for your chapter and club files.