



SBC-10 – TRANSFER REQUEST APPLICATION FORM
(AS OF 12/1/2021)
FORM SUBJECT TO CHANGE

National Sigma Beta Club Foundation, Inc.
Attn: Membership/Finance
3313 Government Street - Baton Rouge, Louisiana 70806
Website: www.sigmabetaclub.org

Please Print or Type Application:

Date: _____ Current Chapter: _____ Region: _____

SBC Member Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Name: _____

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

Current SBC Chapter Coordinator Name: _____

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

Email address: _____

“I, SBC Coordinator _____ acknowledges that SBC Parent of Member _____ have requested to transfer their Membership to the (new chapter name) _____ which is located within the _____ Region. I have communicated with the Regional Coordinator(s) of the transfer.”

Current Coordinator Signature: _____ Date: _____

Chapter Transfer Section

Requested Transfer Chapter: _____ Region: _____

Transferred SBC Chapter Coordinator Name: _____

Chapter Mailing Address: _____

City: _____ State: _____ ZIP: _____

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

Email address: _____

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

Regional Coordinator Name: _____

Regional Coordinator Signature: _____

Was transfer approved/denied? _____ Date of Transfer Approval/Denial: _____

Please maintain a copy for your chapter and club files.