



SBC-5 – CHARTERING 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
 Website: www.sigmabetaclub.org

Please Print or Type Application:

Chapter Name: _____	President: _____
Region: _____	Address: _____
Address: _____	City, State. Zip: _____
City, State. Zip: _____	Phone Number (Home): _____
Phone Number: _____	Phone Number (Work): _____
Email address: _____	Email address: _____

Director / Coordinator of Sigma Beta Club:

Chapter Coordinator Name: _____
 Address: _____
 City, State. Zip Code: _____
 Phone Number (Home): _____ (Work): _____
 E-mail Address: _____

Charter SBC Advisory Committee Members:

Advisor's Name	PBS Membership Number	Background Check Verified: (Y/N)	Chapter President Approval (Y/N)

(NOTE: Any Additional Chapter Advisors, please submit on separate form)

Total Number of Chartering Advisors: _____

Please maintain a copy for your chapter and club files.



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Chapter Meeting and Activities Information (Please Print or Type Application)

1. Meeting Information:

Please indicate number of monthly SBC Meeting will be conducted during the 20____ calendar year: _____

Dates (mm/dd): _____

Location Name: _____

City, State. Zip Code: _____

E-mail Address: _____

2. Total Activities: (Please indicate the total number of activities that will be conducted throughout the calendar year. Please note that to count an activity only once and the most appropriate category)

- Education/Tutorial: _____
- Entrepreneurship: _____
- Cultural Awareness: _____
- Social Awareness: _____
- Athletic: _____
- Community Service: _____

3. Financial Information

Chapter Member responsible for handling and maintaining SBC monies: _____

Chapter Position: _____

Contact Number: _____

E-mail Address: _____

Projected number of Charter Members: _____

Projected number of Fundraising events: _____

Projected number of Scholarships Recipients: _____

Projected PBS Chapter Assistance: \$ _____

Projected SBC Parents Assistance: \$ _____

Projected Donation/Sponsorship Assistance: \$ _____

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