



SBC-4 – ADVISOR APPLICATION FORM
 As of May 2022 - Calendar Year
FEES ARE SUBJECT TO CHANGE

National Sigma Beta Club Foundation, Inc.
 Attn: Membership/Finance
 701 Loyola Avenue #57203
 New Orleans, Louisiana 70157
 Website: 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.

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 Offense: _____

Signature: _____ Date: _____

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

Chapter President Name: _____ Approved by the Chapter? _____

Chapter President Signature: _____ Date of Approval: _____