



**SBC-5 – CHARTERING 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](http://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)**

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**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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