



**SBC-6 – CHAPTER UPDATE  
INFORMATION 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: \_\_\_\_\_

**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 Active SBC Chapter 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 Active 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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