



SBC-1 – PROCESSING FEE 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

SBC CHAPTER ASSESSMENTS

Chartering a Sigma Beta Club Chapter:

Any Phi Beta Sigma Alumni Chapter that is interested in chartering a Sigma Beta Club Chapter will need to have formal approval of the Alumni Chapter Members. The SBC Committee must maintain a minimum of four (4) active Chapter Members in order to be in operation. Prior to submitting Chartering Application, the Chapter must contact their perspective Regional Coordinator to schedule SBC Advisory Training and starting the chartering process. Additionally, all Advisors must complete background checks through the National Center for Safety Initiatives – www.ncsisafe.org.

Once Chapter gets approval from the Foundation to apply for chartering a Sigma Beta Club Chapter, the following forms must be filled out:

- SBC-1: Processing Fee Form
- SBC-2: SBC Membership Form
- SBC-3: Parental/Guardian Form
- SBC-4: Advisor Application Form
- SBC-5: Chartering Form
- Form of Payment
 - Money Order
 - Certified Chapter Check
 - Cashier's Check

The Regional Coordinator must approve all forms are complete and properly prepare to be submitted to the Foundation for processing. Once approve by the Foundation, the Chapter will be able to operate their SBC.

Renewing a Sigma Beta Club Chapter:

All active Sigma Beta Club Chapters must pay its annual dues and assessments to the NSBC Foundation. In addition, the host PBS Chapter must be in good standings with Phi Beta Sigma Fraternity, Inc. in order to have an active SBC Clubs. There are two (2) enrollment periods that the Foundation will accept new SBC Membership Applications:

- December 1st – January 31st
- June 1st – July 31st

The following forms must be submitted to the NSBC Foundation with for new SBC members and updating SBC Information:

- SBC-1: Processing Fee Form
- SBC-2: SBC Membership Form (new members only)
- SBC-3: Parental/Guardian Form (new members only)
- SBC-6: Chapter Information Form (update annually by January 31st)
- SBC-7: Active SBC Membership Form (update biannually)
- Form of Payment (listed above)

The Regional Coordinator must approve all forms are complete and properly prepare to be submitted to the Foundation for processing.

SECTION A. CHAPTER CHARTERING ASSESSMENTS

	Assessment Fee	Total Assessment Amount
A1. SBC Chartering Fee	\$50.00	\$
A2. SBC Charter Member Fee (Including SBC Membership Fee and SBC Handbook)	\$45.00 x _____ members	\$
Section A - Total Assessment Fees:		\$

SECTION B. CHAPTER ANNUAL RENEWAL ASSESSMENTS

	Assessment Fee	Total Assessment Amount
B1. SBC New Member Fee (Including SBC Membership Fee and SBC Handbook)	\$45.00 x _____ members	\$
B2. SBC Annual Chapter Assessment Fee	\$50.00	\$
B3. SBC Club Membership Size Assessment		
- Size 1 – 75 Members	\$100.00	\$
- Size 76 + Members	\$150.00	\$
Section B - Total Assessment Fees:		\$

SECTION C. CHAPTER/MEMBER MATERIALS

	Assessment Fee	Total Assessment Amount
C1. SBC Certificates	_____ members	
C2. SBC Handbooks	\$20.00 x _____ members	\$
C3. SBC Chapter Manual	\$25.00	\$
Section C - Total Assessment Fees:		\$

CHAPTER ORDER FORM INFORMATION:

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

Paperwork Submission Date: _____

Proposed Date of Induction: _____

CHAPTER INFORMATION:

CHAPTER NAME: _____

REGION:

_____ EASTERN	_____ GREAT LAKES
_____ GULF COAST	_____ SOUTHEASTERN
_____ SOUTHERN	_____ SOUTHWESTERN
_____ WESTERN	

TOTAL ASSESSMENT:

Section A	\$ _____
Section B	\$ _____
Section C	\$ _____
Total Assessments	\$ _____



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For SECTION A2 or SECTION B2 - SBC Membership Registration (New Member Registration Only – make multiple copies if needed)

	Member Last Name	First Name	Parent/Guardian Name	Amount
1	_____	_____	_____	\$ _____
Address: _____				
Parent's E-mail: _____			Parent's Main Phone#: _____	
2	_____	_____	_____	\$ _____
Address: _____				
Parent's E-mail: _____			Parent's Main Phone#: _____	
3	_____	_____	_____	\$ _____
Address: _____				
Parent's E-mail: _____			Parent's Main Phone#: _____	
4	_____	_____	_____	\$ _____
Address: _____				
Parent's E-mail: _____			Parent's Main Phone#: _____	
5	_____	_____	_____	\$ _____
Address: _____				
Parent's E-mail: _____			Parent's Main Phone#: _____	

SUB-TOTAL: \$ _____



SBC-2 – MEMBERSHIP APPLICATION FORM
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National Sigma Beta Club Foundation, Inc.
 Attn: Membership/Finance
 701 Loyola Avenue #57203
 New Orleans, Louisiana 70157
 Website: www.sigmabetaclub.org

NOTE: Parents/Guardians, submit original forms to SBC Chapter

Please Print or Type Application:

Date: _____ Chapter: _____ Region: _____

SBC Member Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email address: _____

Date of Birth: _____ Age: _____ Name of School: _____

Grade Level: _____ Cumulative GPA.: _____ on a _____ scale _____

Parental Information:

Mother Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

Email address: _____

Father Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

Email address: _____

Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

Email address: _____

Please maintain a copy for your chapter and club files.



SBC-2 – MEMBERSHIP APPLICATION FORM
 As of May 2022 - Calendar Year
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National Sigma Beta Club Foundation, Inc.
 Attn: Membership/Finance
 701 Loyola Avenue #57203
 New Orleans, Louisiana 70157
 Website: www.sigmabetaclub.org

NOTE: Parents/Guardians, submit original forms to SBC Chapter

Emergency Contact List

SBC Member's Name: _____

In Case of Emergency, please contact:

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home: _____

work: _____

cell: _____

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home: _____

work: _____

cell: _____

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home: _____

work: _____

cell: _____

Please maintain a copy for your chapter and club files.



**SBC-3 – PARENTAL
CONSENT FORM**
As of May 2022 - Calendar Year
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National Sigma Beta Club Foundation, Inc.
Attn: Membership/Finance
701 Loyola Avenue #57203
New Orleans, Louisiana 70157
Website: www.sigmabetaclub.org

NOTE: Parents/Guardians, submit original forms to SBC Chapter

Please Print or Type Application:

Date: _____

Parent/Guardian Name: _____

SBC Member Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

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

Parent's Email address: _____

I/(We), give permission for our son, _____
as named above, to participate in the Sigma Beta Club, National Sigma Beta Club Foundation. In addition,
I/(We), the parent(s) of the above-named youth do hereby authorize any treatment or emergency care
needed for said child by any licensed nurse, physician, or hospital while participating in the approved
activities of the Sigma Beta Club either sanctioned by the sponsored _____ Chapter
or the National Sigma Beta Club Foundation.

As the parent(s)/next of kin and guardian of said minor, I/(We), forever release, acquit and discharge
National Sigma Beta Club Foundation, Board Members and Officers, his affiliate SBC club, its officers and
advisors, and Phi Beta Sigma Fraternity, Inc. its Board Members and Officers, from any and all liabilities,
claims, and causes of action which I/(We) or my/(our) representatives may have by reason of said
emergency care.

Please maintain a copy for your chapter and club files.



**SBC-3 – PARENTAL
CONSENT 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

NOTE: Parents/Guardians, submit original forms to SBC Chapter

Medical Information (Please Print or Type Application):

My/Our child is covered by:

Insurance company: _____

Policy number: _____

Effective from: _____ to _____

Known medication:

Known Allergies: _____

Doctor/Physician's Name: _____

Contact Number: (main) _____ (fax) _____

Contact E-mail Address: _____

Parent/Guardian Signature(s):

Print: _____ Sign: _____ Date: _____

Notary Information:

Print: _____ Sign: _____ Date: _____

Subscribe and sworn before me _____ DAY OF _____, 20 _____

Notary Public, State of _____ My Commission Expires _____



Please maintain a copy for your chapter and club files.

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2 | SBC-3



**SBC-4 – ADVISOR
APPLICATION FORM**
As of May 2022 - Calendar Year
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Attn: Membership/Finance
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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: _____



SBC-5 – CHARTERING APPLICATION FORM
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 New Orleans, Louisiana 70157
 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.



SBC-5 – CHARTERING APPLICATION FORM
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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: \$ _____

Please maintain a copy for your chapter and club files.

