

**ETA PHI BETA SORORITY, INCORPORATED
APPLICATION FOR MEMBERSHIP**

Chapter _____ City _____ Region _____

Name _____ Telephone Number – Land _____

Telephone Number – Cell _____ Email Address: _____

Address _____
Street Address City State Zip Code

EDUCATION AND EXPERIENCE

High School _____ Graduate ____ (Yes) ____ (No) Year _____

College Graduate ____ (Yes) Year _____; If ____ (No) Indicate Number of Credit Hours Earned _____
Please submit with application, verification of college credits from certified/and or accredited institution or copy of degree.

Other Education and Training _____

Occupation _____

Employer _____

Other Sorority or Club Affiliations _____

Birthday Month _____ and Day _____

Tell why you want to become a member, and tell about the contributions you can make to Eta Phi Beta Sorority, Inc. Use a separate sheet of paper to complete.

Submit Letters from two Character References (Not Relatives), and provide their contact information below:

1. Name _____ Address _____ Telephone _____

2. Name _____ Address _____ Telephone _____

Submit a Letter from Your Eta Phi Beta Sponsor – Sponsor's Name _____

Applicant's Signature _____ Date _____

APPROVALS

Chapter President _____ Date _____

Regional Director _____ Date _____

National President _____ Date _____

A \$25 Non-Refundable Deposit Must Accompany the Application

Chapter President Send two Copies of the entire packet to your Regional Director for Approval and Distribution.