

**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