

SIGMA BETA XI SORORITY, INC.
Application for Membership

Full Name: _____
(Print) (First) (Middle) (Last)

Date of Birth: ____/____/____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Phone Number To Reach You (_____) _____ - _____ **Email:** _____

Are you a U.S. citizen? Yes No **If no, explain:** _____

FAMILY

Marital Status: __Single __Separated __Divorced __Dating __Married __Widowed

Children: Yes No **If yes, how many children do you have?** _____

If you have children please state their ages here: _____ [M/F] _____ [M/F] _____ [M/F] _____ [M/F]

EMPLOYMENT

Are you currently employed? Yes No

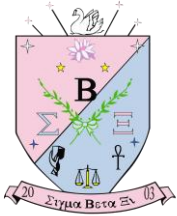
Name of Employer: _____

City: _____ **State:** _____ **Zip:** _____

Position/Title: _____ **When Did You Become Employed Here:** ____/____/____

What Hours Do You Work At This Job/Business?

MONDAY	_____ am/pm - _____ am/pm	FRIDAY	_____ am/pm - _____ am/pm
TUESDAY	_____ am/pm - _____ am/pm	SATURDAY	_____ am/pm - _____ am/pm
WEDNESDAY	_____ am/pm - _____ am/pm	SUNDAY	_____ am/pm - _____ am/pm
THURSDAY	_____ am/pm - _____ am/pm		



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Do You Have More Than One Employer/Business? If so, state below.

Name of Employer: _____

City: _____ **State:** _____ **Zip:** _____

Position/Title: _____ **When Did You Become Employed Here:** ____/____/____

What Hours Do You Work At This Job/Business?

MONDAY	_____ am/pm - _____ am/pm	FRIDAY	_____ am/pm - _____ am/pm
TUESDAY	_____ am/pm - _____ am/pm	SATURDAY	_____ am/pm - _____ am/pm
WEDNESDAY	_____ am/pm - _____ am/pm	SUNDAY	_____ am/pm - _____ am/pm
THURSDAY	_____ am/pm - _____ am/pm		

CRIMINAL BACKGROUND

Have you ever been convicted of a crime (Felony or Misdemeanor) other than a minor traffic violation?

Yes No If yes, please explain the circumstances: _____

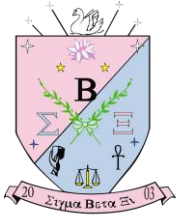
EDUCATIONAL BACKGROUND

High School Attended: _____

Address: _____

City: _____ **State :** _____ **Zip:** _____

Did you Graduate: Yes No **Degree Earned:** Diploma GED Other



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College/University: _____

Address: _____

City: _____ **State :** _____ **Zip:** _____

Major: _____ **Did you Graduate: Yes** **No**

Date Graduated: _____ **Degree Earned:** _____

If you are currently enrolled at a College or University please complete the following:

Classification: _____ **Major:** _____ **Minor:** _____

Cumulative GPA: _____ **Hours Carrying:** _____ **Evening Classes: Yes** **No**

Any special training, trade or certification(s)? Yes **No**

If yes, state your trainings or certifications _____

MILITARY

Are you in the military or have you served in the military? Yes **No**

If yes, which branch? _____ How long? _____

Current Position/Status: Active **Inactive** **Discharged** **Date of Discharge:** ____/____/____

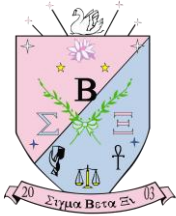
PERSONAL

Do you have any physical or mental disabilities, or medical conditions that may present limitations or affect your ability to participate in our Intake Process, Sorority sponsored or Community events? Yes No

If yes to the above question please explain: _____

Do you go to church or regularly attend a place of worship? Yes No

Where and what days and times? _____



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Do you regularly participate in a ministry at your place of worship? Yes No

If so, please state a position or title you hold within a ministry: _____

What are your time demands or other obligations to your family, employer, business, church or organizations?

Do you drive a vehicle of transportation? Yes No Do you own a vehicle? Yes No

Have you ever been affiliated with a Greek collegiate or non-collegiate service organization? Yes No

If yes, please state the name of the organization: _____

If yes, please state the date you were initiated into the organization: _____

Are you still active in the above mentioned organization? Yes No

Are you an active member or have ever been a member of the Order of Eastern Star? Yes No

If yes, what lodge do you hold or have held affiliation? _____

Have you ever been affiliated with Sigma Beta Xi Sorority, Inc. during any of the past intake phases?

Yes No If yes, why were you not initiated? _____

Have you recently applied or requested an application to any Greek or non-collegiate organization?

Yes No If yes, which organization(s)? _____

Any past or current Campus or Community involvement(s)? Yes No

If yes, please state what type of involvement: _____

What size shirt do you wear in Unisex sizing? _____ What size jacket do you wear in Unisex sizing? _____

What is your height? Feet _____ Inches _____

What are your profile names on the following social media?

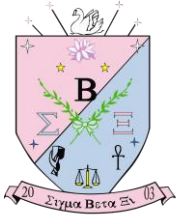
Facebook _____

Instagram _____

Twitter _____

SnapChat _____

Do you have a personal or business website? Yes No



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If yes what is/are the website addresses? _____

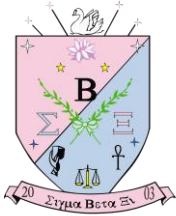
List any Special Skills that you have which may be beneficial to the organization: _____

INTERESTS

Please list any Special Interests you have (i.e. Art, Music, Drama, Writing, etc.):

Why are you interested in membership with Sigma Beta Xi Sorority, Inc.? (An additional sheet may be used):

Sigma Beta Xi Sorority, Inc. disclaims responsibility of the National Chapter of the organization and its Officers for the actions of the Affiliated Chapters, Members or Applicants who are in violation of both the Letter and Spirit of the Constitution, Bylaws and Handbook.



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WARNING: FALSE STATEMENTS TO ANY QUESTION ON THIS APPLICATION WILL BE GROUNDS FOR RATING THE APPLICANT INELIGIBLE FOR MEMBERSHIP CONSIDERATION. Please review and initial the statements below.

_____ I understand that an incomplete application form that is not accompanied by the required supplemental documentation will be considered null and void.

_____ I understand that all materials and information submitted becomes the property of Sigma Beta Xi Sorority, Inc. (Please maintain a copy for your records)

_____ I authorize any person(s) or organization(s) to supply information that is required by Sigma Beta Xi Sorority, Inc.

_____ I understand that I can become ineligible for membership before or during the Intake Process by reasons deemed necessary by the Pledging Committee.

_____ By providing my written signature, I hereby certify that all statements made herein, and on any attachments, are true and correct to the best of my knowledge.

Signature: _____

Date: ____/____/____

SUBMITTED PROOF OF IDENTITY & AGE

Government Issued Drivers License Government Issued State ID Passport

SUBMITTED PROOF OF EDUCATION

High School Diploma GED Certificate College/University Degree
College/University Enrollment

FOR NATIONAL or CHAPTER USE ONLY:

Date Received: ____/____/____

Date Verified: ____/____/____

Verified By:

Printed _____ Signature _____ Title _____