



PHI BETA SIGMA FRATERNITY, INC.

COLLEGIATE MEMBERSHIP APPROVAL FORM

PRINT OR TYPE ONLY

SCHOOL: _____ DATE: _____

The Students listed below have applied for membership in Phi Beta Sigma Fraternity, Inc. The approved students meet the school criteria for membership.

CANDIDATE NAME	COMPLETE BY UNIVERSITY		COMPLETE BY REGIONAL DIRECTOR	SELECTED BY CHAPTER
	GPA	APPROVE/DISAPPROVE	APPROVE/DISAPPROVE	YES/NO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____
DIRECTOR OR DEAN OF STUDENTS

Signature: _____
CHAPTER ADVISOR

Signature: _____
REGIONAL DIRECTOR

Name of Regional Director: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

PLEASE AFFIX UNIVERSITY/COLLEGE SEAL ABOVE

INFORMATION TO BE FILLED IN BY CHAPTER

PRINT OR TYPE ONLY

Chapter Name: _____ Location: _____ Region: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____