

**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

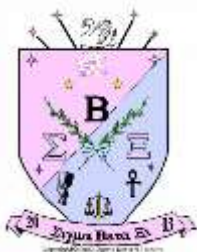
**Name of Employer:** \_\_\_\_\_

**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		

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**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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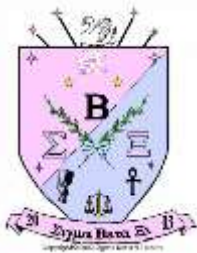
**EDUCATIONAL BACKGROUND**

**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 \_\_\_\_\_

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**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

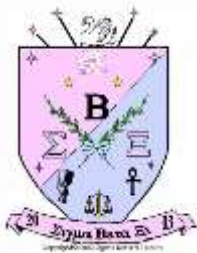
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**PERSONAL**

Do you have any physical or mental disabilities, or medical conditions that may present limitations or affect your ability to participate in 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



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Where and what days and times? \_\_\_\_\_

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 \_\_\_\_\_

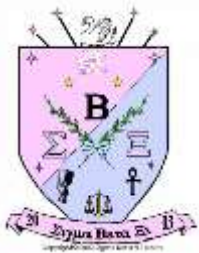
What are your profile names on the following social media?

Facebook \_\_\_\_\_

Instagram \_\_\_\_\_

Twitter \_\_\_\_\_

SnapChat \_\_\_\_\_



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Do you have a personal or business website? Yes  No

If yes what is/are the website addresses? \_\_\_\_\_  
\_\_\_\_\_

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

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### INTERESTS

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

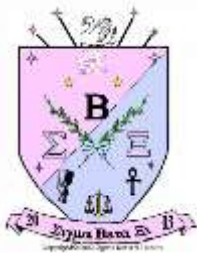
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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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.

\_\_\_\_\_ 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 \_\_\_\_\_