



PBS-2 | MEMBERSHIP APPLICATION

UPDATED: 9/8/2016

145 KENNEDY STREET, NW | WASHINGTON, D.C. 20011

www.phibetasigma1914.org



SECTION 1: GENERAL INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Cell#: (____) _____ - _____ Work#: (____) _____ - _____ Fax#: (____) _____ - _____
 Personal Email: _____ Work Email: _____

SECTION 2: PRIVATE INFORMATION

PLACE OF BIRTH: _____ DOB: _____ AGE: _____

GENDER (*Natural born male*): Yes No *See Page 7 for additional Information (*must provide certified copy of Birth Certificate*)

ETHNICITY (*Optional*): Black or African American White Asian
Check all that apply Middle Eastern Native Hawaiian or Latino or Hispanic
 American Indian or Alaska Native Other Pacific Islander Other (*please list*)

MARITAL STATUS: Single Married

If Married, Spouse's Name: _____ Phone#: (____) _____ - _____

Nearest Living Relative/Friend: _____ Phone#: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

EMPLOYED: Yes No

If Yes, Name of Current Employer: _____

Title: _____

Are you currently or have you ever been in the military? Yes No

If Yes, Branch? _____ Date: _____

HOBBIES/ INTERESTS: _____

ORGANIZATIONAL AFFILIATIONS (*professional/ social (non-fraternal)/ service oriented or Masonic*):

1. _____ 2. _____

Have you held leadership roles in any of these organizations? Yes No

If Yes, explain (e.g. position/ term/ duties): _____

Have you ever applied for membership into or been rejected by another college Fraternity? Yes No

If Yes, Which? _____

If Rejected, Why? _____

Were you a member of the Sigma Beta Club? Yes No

If Yes, Where: _____

Are you a legacy of this Fraternity? Yes No (*A legacy is a person whose brother, father or son is a member of the Fraternity*)

If No, does anyone in your family belong to a Greek lettered organization? Yes No

If Yes, Who: _____ Relationship: _____

Which organization: _____



SECTION 3: EDUCATIONAL INFORMATION

- Alumni applicants must have completed a minimum of 2 years of a full program of study from a recognized college/ university to be eligible to apply and must provide the chapter with either a copy of their diploma OR an OFFICIAL transcript reflecting this
- Collegiate applicants must have a minimum 2.5 GPA on a 4.0 grading scale (or the equivalent of) at the time of their application to be eligible to apply

CURRENT STUDENT: Yes No If Yes, Name of Institution: _____

This Question is for Collegiate Applicants Only

Are you a current student at the college/ university where this chapter is located? Yes No

Chapter Seeking Membership: _____

Degree Type Sought (e.g. B.S. or M.Ed.): _____

Major of Study: _____ Minor (if any): _____

Current Cumulative GPA: _____ Number of Hours Completed: _____ Expected Graduation: _____

Career Objective: _____

This Section is For Alumni Applicants Only

Chapter Seeking Membership: _____

Do you have a college degree(s): Yes No

If you do not have a college degree, how many **TOTAL** hours of college credit have you earned? _____

1) Name of Institution: _____

Degree Type Sought or Earned (e.g. B.S. or M.Ed.): _____

Major of Study: _____ Minor (if any): _____

Current Cumulative GPA: _____ Number of Hours Completed: _____ Was Degree Conferred: Yes No
If Yes, Date Conferred: _____

2) Name of Institution: _____

Degree Type Sought or Earned (e.g. B.S. or M.Ed.): _____

Major of Study: _____ Minor (if any): _____

Current Cumulative GPA: _____ Number of Hours Completed: _____ Was Degree Conferred: Yes No
If Yes, Date Conferred: _____

SECTION 4: REFERENCES

1) Name: _____ Relationship: _____ Contact #: _____

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

2) Name: _____ Relationship: _____ Contact #: _____

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

3) Name: _____ Relationship: _____ Contact #: _____

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

I hereby make application for membership in the Phi Beta Sigma Fraternity, Inc. and confirm that all of the information in this application is accurate to my knowledge. I also understand that any falsification of the above information can result in the denial of this application. If initiated, I will abide by its Constitution and By-Laws, support its objectives, comply with its standards of conduct and pay the established annual dues.

Signature: _____ Date: _____



FRATERNITY ANTI-HAZING POLICY / ANTI-PLEDGING POLICY

No chapter of Phi Beta Sigma shall indulge in any physical abuse or undignified treatment (hazing) of its members or prospective members. Hazing is defined as: any action taken or situation created intentionally or unintentionally, whether on or off Fraternity premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule.

Such activities and situations include, but are not limited to:

- Paddling in any form
- Creation of excessive fatigue
- Physical and psychological shocks
- Quests
- Treasure hunts
- Scavenger hunts
- Road trips or any other activities carried outside the confines of the campus or chapter house; wearing publicly apparel which is conspicuous and not normally in good taste
- Engaging in any public stunts and buffoonery
- Morally degrading or humiliating games and activities
- Late work sessions (past 12 midnight) which interfere with scholastic activity
- Any other activities which are not consistent with Fraternal Law, Ritual, or Policy or with Regulations and Policies of the educational institution

“Hazing is forbidden by the Fraternity’s Constitution and by public laws of the various states.”

ARBITRATION AGREEMENT

NOTICE: BY SIGNING THIS AGREEMENT TO HAVE ANY CLAIM OF HAZING DECIDED BY A PANEL OF THREE ARBITRATORS, YOU ARE WAIVING YOUR RIGHT TO A TRIAL BY JUDGE OR JURY.

I, _____, understand that Phi Beta Sigma Fraternity, Inc., has already agreed to arbitrate any claim or dispute, which may arise in the future out of, or in connection with, the initiation process for Phi Beta Sigma Fraternity, Inc.

I further understand that I can choose trial by judge or jury or arbitration to resolve such a claim or dispute. I freely choose arbitration, which I understand is a procedure by which a panel of three people, mutually chosen by the parties to the dispute, decide the facts and the law of the case rather than a judge or jury. I also understand that any arbitration will be conducted in accordance with the laws of Washington, DC and the Commercial Arbitration rules of the American Arbitration Association (AAA), which are incorporated by reference in this agreement, and the arbitration shall be administered by AAA.

In consideration of this agreement by Phi Beta Sigma Fraternity, Inc., to arbitrate all such claims, I agree to arbitrate, under the provision of this document, any such claims that may arise in the future.

I further understand that I shall pay my share of the expenses of arbitration up to half of the total expenses incurred.

I further understand that this agreement to arbitrate is binding to me, my agents, representatives, heirs and assigns, and on Phi Beta Sigma Fraternity, Inc., its employees, agents and representatives.

I certify that I have read this agreement or have had it read to me, that I fully understand its contents, and execute this agreement of my own free will.

WITNESS our hands and seals, this _____ day of, _____, 20____.

Month

Year

Signature of Phi Beta Sigma Fraternity Representative

Witness Signature

Signature of Candidate for Membership

Witness Signature



PROSPECTIVE MEMBER ACKNOWLEDGEMENT OF ANTI-HAZING POLICY AND HOLD HARMLESS AGREEMENT

The undersigned, _____, a candidate for membership in Phi Beta Sigma Fraternity, Incorporated (hereinafter referred to as “the Fraternity”), acknowledges that he understands and agrees as follows:

GENERAL DEFINITION OF HAZING

Any action taken or situation created, intentionally, whether on or off fraternity premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Such activities may include but are not limited to the following: use of alcohol, paddling in any form, creation of excessive fatigue, physical and psychological shocks, quests, treasure hunts, scavenger hunts, road trips or any other such activities carried on outside or inside of the confines of the chapter house; wearing of public apparel which is conspicuous and not normally in good taste; engaging in public stunts and buffoonery; morally degrading or humiliating games and activities; and any other activities which are not consistent with fraternal law, ritual or policy or the regulations and policies of the educational institution.

SECTION I – DECLARATION OF PURPOSE

- A) The purpose of this Agreement is to contractually state and declare Phi Beta Sigma’s commitment to its constitutional Anti-Hazing Policy and its intent to obtain every assurance possible to prevent acts of hazing from occurring.
- B) The Fraternity will take every measure to hold a member accountable for any acts of hazing in which he allows himself to become involved alone or in the company of others who are members or claimed members and knowingly protects those who engage in acts of hazing. For purpose of knowledge in this content we mean anyone who knows or should have known.
- C) No applicant for membership in the Fraternity is required to subject himself to any form of hazing; the Prospective Member is specifically prohibited from tolerating or going along with any improper conduct during his Membership Intake Process in the form of hazing; and the Prospective Member is expected and requested to immediately contact a local, regional or national representative of the Fraternity by telephone, fax, e-mail or regular mail and notify him of said conduct. The contact information for the International Headquarters is as follows:

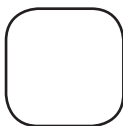
145 Kennedy Street, N.W., Washington, DC 20011-5260
Phone: 202-726-5434 | Fax: 202-882-1681 | E-Mail: ied@phibetasigma1914.org

SECTION II – ACKNOWLEDGEMENT OF ANTI-HAZING POLICY

The statements in this Section are to expressly acknowledge each Prospective Members’ understanding of the Fraternity’s Anti-Hazing and Anti-Pledging Policy as follows:

“No chapter of Phi Beta Sigma shall indulge in any physical abuse or undignified treatment (hazing) of its members or prospective members. Hazing is defined as: any action taken or situation created intentionally or unintentionally, whether on or off Fraternity premises, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Such activities and situations include, but are not limited to: paddling in any form; creation of excessive fatigue; physical and psychological shocks; quests, treasure hunts, scavenger hunts, road trips or any other activities carried outside the confines of the campus or chapter house; wearing publicly apparel which is conspicuous and not normally in good taste; engaging in any public stunts and buffoonery; morally degrading or humiliating games and activities; late work sessions (past 12 Midnight) which interfere with scholastic activity; and any other activities which are not consistent with Fraternal Law, Ritual, or Policy or with Regulations and Policies of the educational institution. Hazing is forbidden by the Fraternity’s Constitution and by public laws of the various states.”

(Initial Box Below)



I have read the Fraternity’s Definition of Hazing, Declaration of Purpose and Acknowledgement of Anti-Hazing Policy above and agree to observe its prohibitions and comply with its contents.



SECTION III – ACCEPTANCE OF RESPONSIBILITY

The undersigned Prospective Member understands that his involvement in any Membership Intake Process is of his own volition and strictly voluntary in nature. Participation in the process as a stated Member of the Fraternity does not and will not absolve the Member of any responsibilities and liabilities imposed by law and of duties owed by one human being to another to hold inviolate personal, human and civil rights and not engage in conduct injurious to the physical and mental well-being of another. Therefore, the undersigned Prospective Member understands that Phi Beta Sigma does not condone such activities or behavior defined as hazing and his failure to report any such activity against his person or that occurs in his presence, during the course of any meeting or encounter with a member of the Fraternity or during his Membership Intake Process, will result in appropriate disciplinary action against the Prospective Member, including , but not limited to dismissal of the Prospective Member from consideration for membership in the Fraternity and the forfeiture of all fees paid to date.

(Initial Box Below)

I have read this section on Acceptance of Responsibility and agree to accept responsibility for my own actions and conduct in connection with the Membership Intake Process and assume liability, were I to allow myself to be subjected to acts established to be Hazing, including injuries and damages, and any legal fees which the Fraternity has to pay arising from my actions or inaction as a Prospective Member.

SECTION IV – INDEMNITY AND HOLD-HARMLESS CLAUSE

The undersigned Prospective Member agrees that where he allows himself to be subjected to prohibited activity or unlawful conduct or other activity considered to be hazing, resulting in mental harm or physical injury, including death, he agrees to defend, indemnify and hold harmless Phi Beta Sigma Fraternity, Incorporated and all of its Regional, State and Local Body, Entity, Organization, Chapter, Advisor, Officer or Member thereof, for any claim of injury and/or damages arising there from, including legal fees incurred to the Fraternity.

SECTION V – SEVERABILITY

In the event that any clause of this Agreement is rendered void as against Public Policy or as against the laws of any particular jurisdiction, it is agreed that the remaining clauses of this Agreement, will remain in full force and effect.

SECTION VI – AFFIRMATION

The undersigned Prospective Member affirms that he has read this document, which includes the Phi Beta Sigma Fraternity Anti-Hazing and Anti-Pledging Policy and that he fully understands the contents thereof, and verifies that he has not in any way, form or fashion been coerced, forced or made any promises to sign this document and that he has signed the same voluntarily and of his own free will.

WITNESS our hands and seals, this _____ day of, _____, 20_____.
Month *Year*

Signature: _____ Date: _____

Full Name: _____
(Print Clearly)

Attested By: _____ Date: _____



Type or Print Only

THIS SECTION IS TO BE COMPLETED BY CHAPTER OFFICIAL ONLY (MIP CHAIR)

Application for the following membership type (choose one):

- Collegiate
- Associate
- Alumni



Check **ONLY** if the applicant is petitioning for the Member Reclamation (Lost Brothers) Program

Received by: _____ Date Received: ____/____/____

Chapter Officer Title: _____ Chapter: _____

MIP Chair: _____ Region (Check One):

Contact #: _____ Eastern Gulf Coast Great Lakes

Email: _____ Southeastern Southern Southwestern

Western

Chapter Address: _____

City: _____ State: _____ Zip: _____

Chapter Location: _____

(if different from mailing address)

City: _____ State: _____ Zip: _____

This Question is for Collegiate Applicants Only

College/University: _____

Campus Advisor: _____

Contact #: _____

(Fraternity Alumni Advisor)

Adviser Name: _____

Contact #: _____

Advising Chapter: _____

Please Print Very Clearly

THIS SECTION IS TO BE COMPLETED BY REGIONAL DIRECTOR ONLY

Regional Director: _____ Date Received: ____/____/____

Alumni Application Approval Checklist

- Applicant has completed a minimum of two years of a full program at a recognized college / university
- Applicant has submitted either an official transcript OR a copy of their college degree(s)
- Applicant signed all parts of this application
- Applicant has provided original unamended certified copy of Birth Certificate
- Applicant has paid all fees associated with this application (application fee & new member fees)

\$ _____

Total amount received for this application

Collegiate/ Associate Application Approval Checklist

- Applicant has a minimum of a 2.5 cumulative GPA on a 4.0 grading scale
- Applicant has submitted either an official transcript OR is included on a PBS-3 form with the raised university seal
- Applicant signed all parts of this application
- Applicant has provided original unamended certified copy of Birth Certificate
- Applicant has paid all fees associated with this application (application fee & new member fees)

\$ _____

Total amount received for this application

Regional Director's Signature

_____/_____/_____
Initiation Date (for processing purposes)