

JUNIOR DIVISION

APPLICATION FOR MEMBERSHIP
THE NATIONAL BETA CLUB

151 BETA CLUB WAY · SPARTANBURG, SOUTH CAROLINA 29306-3012

Please Print Legibly



CLUB ID# _____ DATE _____ SCHOOL E-MAIL _____

SCHOOL NAME _____ COUNTY _____

SCHOOL STREET ADDRESS _____

MAILING ADDRESS _____ GRADES IN SCHOOL _____ GRADES IN CLUB _____

If different from above

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE (____) _____ FAX (____) _____

Including Area Code

Including Area Code

SPONSOR _____ CO-SPONSORS _____

List all

Name and E-mail address

SPONSOR E-MAIL _____ *Name and E-mail address*

PRINCIPAL _____ *Name and E-mail address*

PRINCIPAL E-MAIL _____

For Office Use Only
Amount \$
Check #
Receipt #

C H E C K L I S T

- List only new members—Check spelling of names. The grades listed below are for school year _____
 - Be sure this application is signed by the school principal and Beta sponsor.
 - Allow 4 weeks for processing.**
 - Send one school check or money order for entire amount. (Do not send individual personal checks!)
 - Be sure the correct amount of money is enclosed. **No refunds or substitutions are allowed.**
 - List transfer members separately. Include name of school from which student transferred.
- _____ new members @\$13.00 each. Total amount remitted \$ _____

S T U D E N T L I S T

The students listed below, members of the school above, hereby apply for membership in The National Junior Beta Club and promise to abide by its regulations, promote its welfare, and remit to The National Beta Club the membership fee of \$13.00 per member, which defrays all costs incidental to membership and includes \$1.25 annual subscription to The National Beta Club Journal for as long as the student is an active member.

NAME (First, Last)	GRADE 5-6-7-8-9	COMPLETE HOME ADDRESS	ZIP CODE
1			
2			
3			
4			
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10			

The students listed above have qualified for membership in The National Junior Beta Club, in accordance with the by-laws of the local chapter.

The students listed above have been duly nominated by the local school administration for membership in The National Junior Beta Club. (Certificates cannot be sent without this signature.)

Beta Club Sponsor Signature _____ Date _____ Executive Head of School Signature _____ Date _____

**This application, completed and signed, should be sent with membership fees to
The National Beta Club, 151 Beta Club Way, Spartanburg, SC 29306-3012
Make Remittance Payable To: The National Beta Club**

NAME	GRADE 5-6-7-8-9	COMPLETE HOME ADDRESS	ZIP CODE
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