

NEW CLUB APPLICATION
THE NATIONAL BETA CLUB

151 BETA CLUB WAY • SPARTANBURG, SOUTH CAROLINA 29306-3012 • 800-845-8281 • 864-542-9300 (fax)

Please Print Legibly



INTRODUCED TO BETA BY: _____

SCHOOL NAME _____ COUNTY _____

SCHOOL STREET ADDRESS _____

MAILING ADDRESS _____ GRADES IN SCHOOL _____ GRADES IN CLUB _____

If different from above

For Office Use Only

Amount \$

Check #

Receipt #

CITY _____ STATE _____ ZIP _____

SCHOOL PHONE (____) _____ FAX (____) _____

Including Area Code

Including Area Code

SPONSOR _____ CO-SPONSORS _____

(List additional on back)

Name

SPONSOR E-MAIL _____

E-mail address

PRINCIPAL _____

Name

PRINCIPAL E-MAIL _____

E-mail address

C H E C K L I S T

- List only new members**—Check spelling of names. **PLEASE** list grade for current school year 20 ____ – 20 ____
- 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 @\$15.00 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 Beta Club and promise to abide by its regulations, promote its welfare, and remit to The National Beta Club the membership fee of **\$15.00 per member**, which defrays all costs incidental to membership.

NAME (First Last)	YEAR GRADUATING	COMPLETE HOME ADDRESS (OPTIONAL)	ZIP CODE
1			
2			
3			
4			
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The students listed above have qualified for membership in The National 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 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 (First Last)	YEAR GRADUATING	COMPLETE HOME ADDRESS (OPTIONAL)	ZIP CODE
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