

## Youth Club Membership Application

Date submitted \_\_\_\_\_

Date approved \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_ Age \_\_\_\_\_

Cell number \_\_\_\_\_ Email \_\_\_\_\_

Name of School Attending \_\_\_\_\_ Grade Level \_\_\_\_\_

Religious Preference \_\_\_\_\_ Hobbies/Special Interests \_\_\_\_\_

Mother's/Father's/Guardian Name \_\_\_\_\_ Number \_\_\_\_\_

Address (if different) \_\_\_\_\_ Zip \_\_\_\_\_

My child, \_\_\_\_\_ has my permission to become an active member of the  
\_\_\_\_\_ Youth Group of Zeta Phi Beta Sorority, Inc.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Information: Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Number \_\_\_\_\_

Please list any known medical problems \_\_\_\_\_  
\_\_\_\_\_

Hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amicette candidates should include a one-page essay stating why they should be considered for membership into the Amicettes of Zeta Phi Beta Sorority, Inc.