

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 _____
