



Membership Form

Note: Membership runs July 1 to June 30.
Forms are accepted at any time.

Renewal
 New Membership

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street)

(City) (State) (Zip Code)

Phone: _____
(Home) (Cell) (Work)

E-Mail Address: _____ Birthday: _____ / _____
(Month) (Day)

College Information
TBS Chapter Initiated: _____
Date of Initiation: _____
Life Member Number (if applicable): _____
College/University: _____
Field of Study: _____
Date of Graduation: _____

Membership Types
-Standard: Alumni/Life/Honorary members of Tau Beta Sigma, includes all standard membership benefits.
-Gold Star Club: Includes additional membership benefits & recognition
-Local membership: Membership in local alumni groups, does not include convention attendance.
<i>All members of the TBSAA acknowledge that by submitting this form and paying membership dues, they agree to adhere to the policies and procedures of the Sorority and TBSAA as set out in the National Constitution of each and relevant national policies. Members of the alumni association shall recognize the elected/appointed officers, representatives or employees of the Sorority and TBSAA in questions of policy and shall not engage in activities designed to circumvent Sorority or TBSAA policies.</i>

Alumni Information
Occupation: _____
Local alumni association (LAA) membership(s): _____
May we share your contact information with nearby TBS or joint local alumni groups? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we include you in a membership directory? (no phone #'s) <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in serving on a TBSAA committee? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dues & Donations	
Standard Dues @ \$35.00	\$ _____
Gold Star Club @ \$60.00	\$ _____
Local-Only Dues @ \$15.00	\$ _____
Donation to TBSAA	\$ _____
Total Enclosed/Due	\$ _____
for membership year ending June 30, 20 _____	

Make checks payable to Tau Beta Sigma Alumni Association, for credit card payments complete the form below	
Name on Card: _____	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number: _____	Expiration Date: _____

For Headquarters Staff Only:

NHQ Auth: _____ Receipt #: _____ NHQ Initials: _____

Please return completed form to P.O. Box 849, Stillwater, OK 74076

Questions? Call National Headquarters at 405-372-2333, visit our website at www.tbsalumni.org or email tbsaa@tbsigma.org