

REGISTRATION FORM

Name: _____
First Name Middle Initial Last Name

Mailing Address: _____
Number and Street Name or P.O. Box

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

Chapter: _____ Chapter Type: Alumni Collegiate

Membership Number: _____ Membership Status (Check all that apply) Life Member OSSR DSC

First Time Conference Attendee? Are you a delegate? Primary Delegate Alternate Delegate Non-Delegate

Chapter Position: President Secretary Treasurer Program Director Collegiate Advisor Sigma Beta Club Advisor

Preferred Committee (optional): ***Selection of Committee does not guarantee being placed on committee***
Auditing Collegiate Affairs Conference Evaluation Credentials Elections
Grievance Law & Revision Necrology Nominating Resolutions
Time & Place

Alternate Committee (optional): Auditing Collegiate Affairs Conference Evaluation Credentials Elections
Grievance Law & Revision Necrology Nominating Resolutions
Time & Place

Restrictions: Vegetarian/Vegan Diabetic Wheelchair Other: _____

State Officer: _____ Past State Director? Yes No

Regional Officer: _____

General Board Officer: _____

Conference Registration Fees
Registration must be received or post dated by February 10, 2024

Collegiate - Until January 9th - \$115.00; January 10th - Until February 9th - \$140.
Alumni - Until January 9th - \$150.00; January 10th - Until February 9th - \$175.

Total Amount Enclosed: \$ _____

Please submit payment via PayPal to GEORGIASIGMAS@GMAIL.COM and email completed form to secretary@georgiasigmas.org; or

Mail to
Phi Beta Sigma Fraternity, Inc. – State of Georgia
PO Box 720573
Atlanta, GA 30358

Have you submitted your payment via PayPal Yes No

2024 GEORGIA JOINT STATE CONFERENCE
Registration Form
Augusta, Georgia