



Zeta Phi Beta Sorority, Inc.

Rho Xi Zeta Chapter

AMICETTE YOUTH CLUB MEMBERSHIP APPLICATION

Date Submitted _____ Date Approved _____

Name _____ Date of Birth _____

Address _____

City/State _____ Zip _____

Telephone Number _____ Cell Number _____

Email _____ Age _____

Name of School Attending _____

Grade Level _____ Religious Preference _____

Hobbies/Special Interests _____

Mother's/Father's/Guardian Name _____

Telephone Number _____ Cell number _____

Address (if different) _____

City/State _____ Zip _____

My child, _____ has my permission to become an active member of the Rho Xi Zeta Amicette 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

