



Zeta Phi Beta Sorority, Inc.

Rho Xi Zeta Chapter

PEARLETTE 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 Pearlette 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
