

DATE _____
 CHAPTER Kappa Beta Sigma Chapter
 REGION Eastern
 LOCATION Brooklyn, New York

PHI BETA SIGMA FRATERNITY, INC.
 145 KENNEDY STREET, N.W. WASHINGTON D.C. 20011 (202) 726 - 5434



INTERNATIONAL HEADQUARTERS USE		
RECEIPT NUMBER _____		DATE _____
QTY.	A. MEMBERS FEES	TOTAL \$
	A1 NATIONAL DUES	
	A2 REGIONAL DUES 1 YR. 2 YR.	
	A3 REINSTATEMENT FEE	
	A4 LIFE MEMBER INSTALL	
	A5 CRESENT FEE	
	A6 DUPLICATE MEMBERSHIP CARD	
	A7 NATIONAL DUES (LATE)	
	A8 REGIONAL DUES (LATE)	
B. MEMBERSHIP MATERIAL		
	B1 CRESENT LIGHT	
	B2 CRESENT PIN	
	B3 MEMBERSHIP CERTIFICATES	
	B4 NATIONAL CONSTITUTION	
	B5 FRATERNITY PIN (10K GOLD)	
	B6 FRATERNITY PIN (GOLD KASE)	
	B7 PERFECTION SCOOP	
	B8 DUPLICATE CERTIFICATE	
C. CHAPTER ITEMS		
	C1 CHAPTER FEE - GRADUATE	
	C2 CHAPTER FEE - UNDERGRADUATE	
	C3 CHAPTER TAX - GRADUATE	
	C4 CHAPTER TAX - UNDERGRADUATE	
	C5 CHAPTER REINSTATEMENT	
	C6 DUPLICATE CHARTER	
	C7 UNIFIED BOOKKEEPING SYSTEM	
	C8 CONCLAVE ABSENCE FEE	
D. OTHER ITEMS		
	D1 RITUALS	
	D2 RISK MANAGEMENT INSURANCE	
	D3	
	D4	
	D5	
	TOTAL	

TYPE ONLY		
NAME	STREET ADDRESS, CITY, STATE, ZIP CODE, AND APT #	CODE (CIRCLE)
1.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
Last Card #	D.O.B.	PHONE # ()
2.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
Last Card #	D.O.B.	PHONE # ()
3.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
Last Card #	D.O.B.	PHONE # ()
4.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
Last Card #	D.O.B.	PHONE # ()
5.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
Last Card #	D.O.B.	PHONE # ()
6.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
Last Card #	D.O.B.	PHONE # ()
7.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
Last Card #	D.O.B.	PHONE # ()
8.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
Last Card #	D.O.B.	PHONE # ()

SHIP FROM Kappa Beta Sigma Chapter - Brooklyn Alumni OFFICER TITLE _____
 CHAPTER ADDRESS Post Office Box 020758
Brooklyn, New York 11202

 DAYTIME PHONE NUMBER () _____