

NATIONAL COUNCIL OF SHADS



Membership Application

(Revised: August, 2025)



NATIONAL COUNCIL OF SHADS
AUXILIARY OF
ETA PHI BETA SORORITY, INCORPORATED
MEMBERSHIP APPLICATION

1. **YOUR CLUB SUPPORTS** _____
CHAPTER OF ETA PHI BETA SORORITY, INCORPORATED.
2. **NAME:** _____
3. **ADDRESS:** _____
4. **CITY:** _____ **STATE:** _____ **ZIP:** _____
5. **EMAIL:** _____ **CELL:** _____
6. **WIFE'S FIRST NAME:** _____
7. **OCCUPATION:** _____
8. **EMPLOYED BY:** _____
9. **DENOMINATIONAL PREFERENCE:** _____
10. **OTHER FRATERNAL ORGANIZATIONS/CLUBS**

11. **HOBBIES/INTERESTS**

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DO NOT TYPE OR WRITE BELOW THIS POINT

12. APPROVAL NATIONAL PRESIDENT: _____

13. APPROVAL AND ASSIGNMENT OF SHAD CLUB NUMBER BY SORORITY PRESIDENT

SIGNATURE

DATE