



Zeta Phi Beta Sorority, Incorporated



YOUTH AUXILIARY NATIONAL REGISTRATION FORM

(Please complete this form for each youth auxiliary.)

_____ Chapter of Zeta Phi Beta Sorority, Incorporated,
would like to register a local youth auxiliary of

- _____ Archonettes
- _____ Amicettes
- _____ Pearlettes

in the city of _____, state of _____ region of

_____ Zeta Phi Beta Sorority, Incorporated.

THE MEMBERS OF THIS CHAPTER HAVE RECEIVED AND READ THE YOUTH MANUAL OPERATIONAS MANUAL/APPROPRIATE YOUTH HANDBOOK AND PROMISE TO ABIDE BY THE CONTENTS THEREIN.

If at such time this auxiliary becomes inactive, we shall immediately notify the Regional Director, in writing. If this group is reactivated, we understand that we shall then file a new registration form.

This auxiliary became/ will become active on _____
(Month, Date, Year)

Signed on this _____ day of _____ in the year of our Lord, _____

WITNESS: _____ BASILEUS: _____

Telephone Number: _____

Fax Number: (_____) _____

E-mail Address: _____

Home Address: _____

(C/S/Z): _____

ADVISOR: _____

Telephone Number: (_____) _____

Fax Number: (_____) _____

E-mail Address: _____

Home Address: _____

(C/S/Z): _____

Alt. Telephone Number: _____

Youth Auxiliaries shall be officially registered with National Headquarters. A copy of the registration form shall be submitted to the Regional Youth Coordinator and State Youth Coordinator.