



**“IT’S ALL ABOUT THE SISTERHOOD”**

Email: [info@beautyisinthebooks.org](mailto:info@beautyisinthebooks.org)

Website: [www.beautyisinthebooks.org](http://www.beautyisinthebooks.org)

Office: 202-577-9800

**BETA IOTA IOTA BETA**

**MEMBERSHIP APPLICATION**

**Annual Membership dues \$700 (Pay in full) or (payment plans)**

<b>First Name:</b> _____	<b>Last Name:</b> _____	
<b>Nickname:</b> _____	<b>Favorite color:</b> _____	
<b>Social Media:</b> _____	<b>Age:</b> _____	<b>Birthday:</b> ____-____-____
<b>Gender:</b> ____ Male ____ Female	<b>Email:</b> _____	

<b>Race/Ethnicity (optional):</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American
<b>Address:</b> _____
<b>City:</b> _____ <b>State:</b> ____ <b>Zip:</b> _____
<b>Home Phone #:</b> (____) ____-____ <b>Emergency Phone #:</b> (____) ____-____
<b>Cell Phone #:</b> (____) ____-____

<b><u>School Information</u></b>
<b>Name of School:</b> _____ <b>Grade:</b> _____
<b>School Activities:</b> _____ <b>Favorite Subject:</b> _____

<b><u>Activities</u></b>
<b>Are you a member of another club or organization?</b> __Yes __No
<b>If yes, please list:</b> _____ _____
<b>Please list hobbies:</b> _____

FAMILY HISTORY

Mother's Name: \_\_\_\_\_

Mother's Social Media: \_\_\_\_\_

Mother' Email: \_\_\_\_\_

Mother's Work Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. #: \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father's Name: \_\_\_\_\_

Father's Social Media: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Work Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. #: \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name of Guardian (if different from mother or father): \_\_\_\_\_

Relationship to Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Social Media: \_\_\_\_\_

Guardian's Work Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. #: \_\_\_\_\_ Cell#(\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Is Parent Active Military? \_\_\_\_\_ Yes \_\_\_\_\_ No

MEDICAL HISTORY

Please Indicate Any Medical Problems, Allergies and/or behavior problems that may affect the staff or members of the BETA IOTA IOTA BETA:

\_\_\_\_\_  
\_\_\_\_\_

Physical or Mental Limitations: \_\_\_\_\_

\_\_\_\_\_

# Parent Release

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge **BETA IOTA IOTA BETA (BEAUTY IS IN THE BOOKS)** their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Sorority.

\_\_\_\_\_ I agree to participate 100% in monthly parent workshops as well as commit to making sure my child is 100% active.

I give permission for my child's picture, moving pictures, or any other graphic depiction or likeness, to be used by Beauty Is In The Books and its activities. I also understand that BIIB is not, nor does it claim to be, a licensed day care center.

I have read the completed application and this form, I understand the rules of Beauty Is In The Books and would love to see my child be welcomed into membership.

I give my permission to Beauty Is In The Books to share information about the minor child listed on this application with other Beauty Is In The Books staff for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by Beauty Is In The Books, including data collected via surveys or questionnaires. All information provided to BIIB will be kept confidential.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
NOTARY STAMP/SIGNATURE

\_\_\_\_\_  
Club Member's Signature

DATE: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>For office use only</b> Date enrolled: _____ Line Name#: _____ New/Renew (circle) Staff Initials: _ _____
<b>Assigned Membership # -</b> _____ <b>Card Made &amp; Issue</b> _____

