



“IT’S ALL ABOUT THE SISTERHOOD”

Email: info@beautyisinthebooks.org

Website: www.beautyisinthebooks.org

Office: 202-577-9800

BETA IOTA IOTA BETA

MEMBERSHIP APPLICATION

Annual Membership dues \$700 (Pay in full) or (2 payments)

First Name: _____ **Last Name:** _____
Nickname: _____ **Favorite color:** _____
Social Media: _____ **Age:** _____ **Birthday:** ____-____-____
Gender: ____ **Male** ____ **Female** **Email:** _____

Race/Ethnicity (optional):
 African American
 Asian
 Caucasian
 Hispanic/Latino
 Multi-Racial
 Native American

Address: _____
City: _____ **State:** ____ **Zip:** _____
Home Phone #: (____) ____-____ **Emergency Phone #:** (____) ____-____
Cell Phone #: (____) ____-____

School Information

Name of School: _____ **Grade:** _____
School Activities: _____ **Favorite Subject:** _____

Activities

Are you a member of another club or organization? __Yes __No
If yes, please list: _____

Please list hobbies: _____

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), VALUABLE BLESSINGS, INC** 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 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: ____/____/____

For office use only Date enrolled: _____ Line Name#: _____ New/Renew(circle) Staff Initials: _ _____

Assigned Membership # - _____ Card Made & Issued _____
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