Email: info@beautyisinthebooks.org
Website: www.beautyisinthebooks.org
Office: 202-577-9800

Youth Sorority Organization Parent Membership Application

Thank you for your interest in becoming an active parent member of the **Beta lota lota Beta Sorority**. Our organization thrives through the support and dedication of parents who help promote and enhance the experience for our young members. Please complete this application to become a parent member and contribute to our mission.

Parent/Guardian Information:	
Full Name	
Full Name:Phone Number:	
Email Address:	
Home Address:	
City, State, Zip:	
Youth Member Information:	
Name of Your Child:	
Child's Age:	
Child's Grade Level:	
How long has your child been a member of the organization?	

Parent Involvement Opportunities

Parents are expected to take an active role in the organization. Please select any positions or committees where you would like to serve:

V	Leadership Roles:
	Parent Advisory Board
	Committee Chairperson
	Fundraising Coordinator
	Event Coordinator

Committee Participation: Membership & Recruitment Community Service Fundraising Event Planning Public Relations & Social Media Mentorship & Development		
Other Areas of Interest: Guest Speaker Workshop Facilitator Chaperone for Events Volunteer as Needed		
Skills & Experience		
Do you have any special skills, experience, or resources that may benefit the organization? (e.g., fundraising, marketing, public speaking, finance, event planning, networking, etc.)		
Commitment Agreement		
By signing below, I agree to actively support the Beta lota lota Beta Sorority by participating in meetings, events, and fundraising efforts. I understand that my involvement is vital to the success of the organization and the enrichment of its members.		
Signature: Date:		
For Office Use Only:		
For Office Use Only:		
☐ Approved ☐ Pending ☐ Not Approved Assigned Position/Committee:		

Thank you for your commitment to empowering and supporting our youth!