



**The Amicette Club
Zeta Phi Beta Sorority, Inc.
Omicron Phi Zeta Chapter
Membership Application**

Name _____ **Date** _____

Address _____

Phone _____ **Date of Birth** _____

School _____ **Grade Level** _____

Mother's Occupation _____ **Father's Occupation** _____

Religious Preference _____

Parental Consent I support and approve of _____'s application for membership in the Amicette Club of Zeta Phi Beta Sorority, Inc. of Omicron Phi Zeta Chapter.

Parent Signature _____

Hobbies _____

Affiliation _____

School _____

Community _____

Church _____

List of your career goals:

Is any one in your family a member of Zeta Phi Beta Sorority, Phi Beta Sigma Fraternity, the Amicae Chapter, Archonette Clubs? If so please name:

Applicant's Signature _____

Recommended for Membership by: _____