

# *Zeta Phi Beta Sorority, Inc. – Phi Psi Zeta Chapter*



Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Check Information Needed:

New Membership	Yes	No
Reactivation Membership	Yes	No
Community Service	Yes	No
Chapter Events	Yes	No
Adult Auxiliary	Yes	No
Youth Auxiliary	Yes	No
General Information	Yes	No

Date Requested: \_\_\_\_\_

Best Time To Reach You: \_\_\_\_\_ AM/PM

Preferred Means of Communication: Phone Email Postal Mail

Thank you for your interest in Phi Psi Zeta chapter.

**Please Mail To:**

Zeta Phi Beta Sorority, Inc.  
Phi Psi Zeta Chapter  
P.O. Box 292013  
Lewisville, TX 75029-2013