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**43rd Annual State Conference of the South Carolina Organization of**

**Phi Beta Sigma Fraternity, Inc.**

***Conference Registration Form***

|  |  |
| --- | --- |
| Name | First Name Last Name |
| Membership ID Number | 00000 |
| Address | Address Line 1 Address Line 2 |
| City, State, Zip Code | City State 00000 |
| Phone Number | 000.000.0000 |
| Email Address | Email Address |
| Chapter Name | Chapter Name |
| T-Shirt Size | Shirt Size |

**CHECK ALL THAT APPLY:**

[ ]  Alumni Member

[ ]  Collegiate Member

[ ]  Chapter Officer: Name of Office

[ ]  State Officer: Name of Office

[ ]  Life Member

[ ]  Regional Officer: Name of Office

[ ]  DSC Member

[ ]  International Officer: Name of Office

**ORDER FORM:**

 **Early Dove Regular Late Total:**

Alumni Member: $65 $75 $95 $\_\_\_\_\_\_\_

Collegiate Member: $55 $65 $85 $\_\_\_\_\_\_\_

***\*A $3.00 convenience fee will be added for all online registrations\****

Please **print or type** on this form. Please make all checks or money orders are payable to South Carolina Phi Beta Sigma. Mail completed forms and funds **by August 20 for Early Dove registration, September 13 for regular registration, and September 27 for late registration** to:

**Bro. James Fisher**

*State Treasurer*

108 Sherondale Lane

Simpsonville, SC 29680

scpbstreasurer@gmail.com