

ZETA PHI BETA SORORITY, INC.

Scholarship ★ Service ★ Sisterhood ★ Finer Womanhood | *Since 1920*

MEMBERSHIP SERVICES SUPPLY ORDER FORM

Fiscal Year 2015-2016

Date: _____

*Region: _____

*Chapter: _____

*Chapter Address: _____ / _____ / _____ / _____
 Street Address City State Zip

*Street Address Required: _____ / _____ / _____ / _____
 Street Address City State Zip

*Packages cannot be shipped to a P O Box. A physical address and a qualified adult signature is needed to complete delivery.

*College (if applicable): _____

*Name of Person Responsible for Order _____

*Chapter Basileus: _____

*Phone: _____

*Email: _____

New Member			
Qty	Description	Price	Total
	Standard Sorority Pin	\$ 225.00	
	Membership Kits (10 Individual packets + 2 Chapter Packet)	\$ 50.00	
Books & Jewelry			
Qty	Description	Price	Total
	New Zeta Handbook - 14th Edition --- NEW!	\$ 45.00	
	Zeta Handbook - 11th Edition (Resource - Limited Quantity)	\$ 20.00	
	Torch Bearer History CD	\$ 10.00	
	Z-HOPE CD	\$ 40.00	
	Life Member Guard	\$ 55.00	
	Golden Life Member Guard	\$ 55.00	
	Replacement Membership Card (Also Attach Financial Form B)	\$ 10.00	
	Replacement Life or Golden Life Member Card (Also Attach Financial Form B)	\$ 20.00	
	Replacement Membership Certificate (Use Proper Form)	\$ 5.00	

Amicae Member			
Qty	Description	Price	Total
	Amicae Certificate	\$ 5.00	
	Amicae Pin	\$ 15.00	
To Be Completed By Chapter			Subtotal
Add 40% for Standard Shipping and Handling OR Flat Rate Express Service \$40.00			
Subtract Prior Year Carry-Over Credit. (This applies to credit balances of \$25 or less if applicable. Credit applies to supply orders only and documentation required. Credit will not be processed without verified documentation).			
GRAND TOTAL			
Credit Card orders should be emailed to National Headquarters via remittance1415@zetaphibetasororityhq.org *Please do not submit credit card orders directly to the bank			
Credit Card Type	<input type="checkbox"/> MC	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Credit Card Number			
Expiration Date	Month/Year:	CSV:	
Signature			

Credit Cards: MasterCard – VISA – Discover – AMEX
No Cash Payments Accepted
Cashier's Check or Money Order purchases may be mailed to:
1734 New Hampshire Ave. NW, Washington, DC 20009

To Be Completed By National Headquarters	
Date/Completed By:	
Tracking Number:	

* Required forms and/or information must be submitted at time of order. Incomplete forms will not be processed.