**. PBS Forms**

## Form #1A

**PHI BETA SIGMA FRATERNITY, INC. CHAPTER OFFICER REPORT (PBS 1-A)**

### Chapter Region Southern

Date of Report Title Report to the State

Prepared by

(Signature)

Period Covered by Report

**PLEASE PRINT OR TYPE**

The International Office recommends that each chapter maintain a permanent address that is both continuous and stable. When a post office box number is used as the chapter address, a separate home address must by listed for each officer. Do not use a chapter post office box address as a home address.

**Chapter Permanent Address**

Street or Box Number

City State Zip Code

|  |  |  |  |
| --- | --- | --- | --- |
| **Officer Title** | **Name** | **Home Address** | **Phone and** |
|  |  | (Street, city, state & zip) | **Email Address** |

|  |  |  |
| --- | --- | --- |
| **President** |  |  |
| **Vice- President** |  |  |
| **Secretary** |  |   |
| **Treasurer** |  |  |
| **Advisor** |  |  |

## Form #1B

**PHI BETA SIGMA FRATERNITY, INC. CHAPTER ADVISOR REGISTRATION FORM (PBS 1-B)**

### Region Southern Region

Chapter Name

**Print (no symbols) College/ University**

|  |  |  |
| --- | --- | --- |
|  | Mississippi |  |
| **City** | **State** | **Zip Code** |

### President

**Telephone Email Address**

**ADVISOR**

## Home Address

### (

**Daytime Phone Evening Phone**

**Fax Email Address**

### Host Alumni Chapter

**Chapter Name Location**

### Alumni Chapter

**Telephone Email Address**

### Date Signed

**SUBMIT TO STATE DIRECTOR OF COLLEGIATE AFFAIRS BY JANUARY 15 (UPDATE IN SEPTEMBER OR WHEN ADVISOR CHANGES)**

COPIES TO: REGIONAL SECRETARY STATE DIRECTIOR CHAPTER ADVISOR

COLLEGE/ UNIVERSITY OFFICER IN CHARGE OF STUDENT ORGANIZATIONS

## Form #1C

**PHI BETA SIGMA FRATERNITY, INC.**

**CHAPTER OFFICER AND FEES UPDATE TO REGIONAL DIRECTOR (PBS 1- C)**

TO FACLILITATE THE REGIONAL DIRECTOER’S DETERMINATION OF THE CURRENT FINANCIAL AND OPERATING STATUS OF THE CHAPTER AND ITS FUNCTIONING OFFICERS; TO ENABLE PROMPT COMMUNICATION REGARDING MEMBERSHIP INTAKE AND OTHER MATTERS, EACH CHAPTER MUST COMPLETE AND FORWARD THIS FORM WITH INFORMATION REQUESTED ANNUALLY TO ITS REGIONAL DIRECTOR, BY THE 15TH DAY OF JANUARY. (COLLEGIATE CHAPTERS SHALL ALSO FORWORD AN UPDATE BY THE 15TH DAY OF SEPTEMBER, IT THERE IS A CHANGE SINCE THE PRIOR SEMESTER.) ALL CHAPTERS TO FORWARD AN UPDATE WHEN THE CHAPTER PRESIDENT OR ADVISOR CHANGES OR HIS MAILING ADDRESS OR THAT OF THE CHAPTER CHANGES DURING THE FOURSE OF THE YEAR.

TO: , Regional Director Southern Region

FROM: Chapter DATE:

HEREWITH IS A COPY OF THE FOLLOWING, SUBMITTED TO THE INTERNATIONA OFFICE 145 KENNEDY STREET, NW, WASHINGTON DC 20011, BY MAIL ON THE DATE INDICATED THEREON.

*Place a check in the left margin and complete.*

 (1) Transmittal of **Chapter Tax** for the year .

A copy of the PBS-1 transmittal form; and copy of the money order, certified check or proof of payment are enclosed herewith.

 (2) Transmittal of **International and Regional Dues** of chapter members, including Life Members for the year .

A copy of the PBS-1 transmittal form; and copy of the money order, certified check or proof of payment are enclosed herewith.

 (3) Transmittal of **Chapter Address and Officer Update Form**, dated ,

 (4) Collegiate **Chapter Advisor Registration Form**, dated .

SUBMITTED BY:

SIGNATURE TEL. (Area Code & Number)

COPY TO: STATE DIRECTOR

STATE DIRECTOR OF COLLEGIATE AFFAIRS (for collegiate chapters)