

Member Services

Free Information Flyers

- Contest Rules
- Programs à la Carte
- Theme Art
- Bed & Breakfast Info.
- Scholarship Rules (deadline: January 31, 2009)
- Gift Selections

Check under the downloads section of www.BetaSigmaPhi.org for scholarship applications and more forms.

Your Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Member #: _____

Phone: _____

Mail to: Beta Sigma Phi International
Attn: Service Department
PO Box 8500 Kansas City MO 64114-0500
or Fax to: 816-333-6206

Insurance Information

Beta Sigma Phi - Group Insurance

Beta Term Life - Economical group rates \$10,000 to \$150,000. Spouses and dependent children are also eligible.

Hospital Indemnity - \$60, \$90, or \$120 daily hospital benefit plus double benefits for cancer or intensive care. Spouses and dependent children are also eligible.

Senior Term Life - Available to members and their spouse age 50 through age 99.

Joint Term Life - "First to Die" covers both husband and wife and pays a benefit to the surviving spouse in the event a spouse dies. Benefits available from \$10,000 to \$150,000.

24-hour AD&D - Up to \$250,000. Day care and education benefits are provided with family coverage.

Chapter/Council Liability and Chapter Accident Insurance

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Rushing Information

Friendly Venture (creating a Ritual of Jewels chapter)

- I'm curious; send me a brochure on Friendly Venture.
- I'm ready to get started; send me the kit.

This will be an:

- Individual
- Chapter
- City Council Project

The location of the chapter will be:

There is an easy way to print the following forms from the Internet. Just visit www.betajournal.com. Scroll down to the area called FILE CABINET and register. You can also email us at Rushing-FriendlyVenture@betasigmaphi.org to request any rushing material.

- Legacy Membership
- Envoy Membership

Rushing Supplies

- Application for membership (quantity _____)
 - Beta Sigma Phi Brochure (quantity _____)
 - Pledge Training Kit - (you can get a complete pledge training kit from Strawberry Patch by visiting www.betajournal.com.)
 - List of prospective members and members-at-large
- List zip codes in your area - required.

Recommendation for Membership

Her Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Age: _____

Phone (required): (_____) - (_____) - (_____) _____

Miscellaneous Information

Your Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Member #: _____ Chapter #: _____

Phone: _____

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