

**Application for Reinstated Charter**  
**Graduate and Undergraduate Chapter**  
**Zeta Phi Beta Sorority, Inc.**  
 1734 New Hampshire Ave., N.W.  
 Washington, DC 20009

**Please type or print firmly.**

The undersigned persons are desirous of re-establishing a chapter of Zeta Phi Beta Sorority, Inc.

Name	Address	Zip Code	Graduate	Undg	Non-Zeta
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name of chapter and address.

\_\_\_\_\_

Name and address of at least two permanent residents among listed members who will assume responsibility for the life of the chapter.

\_\_\_\_\_

\_\_\_\_\_

1. Are all applicants matriculating or registered in accredited "A" class colleges? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you enclosed a notarized statement or a statement from the college giving the status of each applicant?  
 (If an applicant is already a Zeta, she may secure a statement from her former chapter.) YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you enclosed a money order or cashier's check for Reinstated Charter fee made payable to National Treasurer, Zeta Phi Beta Sorority, Inc.? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have applicants for membership of non-members of Zeta Phi Beta Sorority been sent to the First Anti-Basileus? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Initiation of non-member must not be made until approval has been returned by First Anti Basileus. Have you received them? YES \_\_\_\_\_ NO \_\_\_\_\_
6. All other material named above must be sent directly to National Headquarters.  
 No chapter can be organized without the written approval of the State or Regional Director. YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNED \_\_\_\_\_

STATE DIRECTOR

\_\_\_\_\_

REGIONAL DIRECTOR

\_\_\_\_\_

CHAPTER SPONSOR

\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

REINSTATED CHARTER ISSUED BY:

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

**INTERNAL USE ONLY**

REINSTATED DATE: \_\_\_\_\_ CHAPTER NAME: \_\_\_\_\_

DATE PROCESSED AND MAILED \_\_\_\_\_ INITIAL \_\_\_\_\_ RECEIPT # \_\_\_\_\_