



# PBS-1 - 2017 FEE SCHEDULE

FEES ARE SUBJECT TO CHANGE AT ANY TIME  
FORM EXPIRES 12/31/17

**PHI BETA SIGMA FRATERNITY, INCORPORATED**

**Department of Finance and Operations**

145 Kennedy Street, NW | Washington, DC 20011-5294

Phone: (202) 726-5424

Fax: (202) 882-1681

Email: Finance@phibetasigma1914.org

## SECTION A.

### A1. ANNUAL DUES:

2017 Dues will be considered late after December 31, 2016.  
Life Members only pay Annual Regional Dues.

### A2. ANNUAL CHAPTER DUES:

Check only if a brother has paid his chapter dues.

### A3. MEMBER REINSTATEMENT TOTAL:

A Reinstatement Fee of **\$12.50** is already included.

### A4. MEMBER RECLAMATION TOTALS:

All reclamations must include a membership application  
(**PBS-2 Form**) and two notarized letters from current financial members.

### A5. NEW MEMBER TOTALS: (includes the following)

	ALUMNI	COLLEGIATE
Application Fee	<b>\$200.00</b>	<b>\$200.00</b>
HQ Building Assessment	<b>\$100.00</b>	<b>\$100.00</b>
Membership Certificate	<b>\$10.00</b>	<b>\$10.00</b>
Publication Fee	<b>\$10.00</b>	<b>\$10.00</b>
Constitution	<b>\$15.00</b>	<b>\$15.00</b>
National Dues (2 years)	<b>\$300.00</b>	<b>\$160.00</b>
Fraternity Pin	<b>\$155.00</b>	<b>\$155.00</b>
History Book	<b>\$75.00</b>	<b>\$75.00</b>
Regional Dues (2 years)	<i>(Varies per Region)</i>	

## SECTION B.

### B7. Charter Fee Totals include the following:

	ALUMNI	COLLEGIATE
Application Fee	<b>\$25.00</b>	<b>\$25.00</b>
HQ Building Assessment	<b>\$150.00</b>	<b>\$150.00</b>
Chapter Tax	<b>\$125.00</b>	<b>\$75.00</b>
Chapter Liability Insurance	<b>\$400.00</b>	<b>\$375.00</b>
Constitution	<b>\$15.00</b>	<b>\$15.00</b>
Chapter Intake Guide	<b>\$25.00</b>	<b>\$25.00</b>
Charter Certificate	<b>\$100.00</b>	<b>\$100.00</b>

## SECTION C.

### C1. You **MUST** be financially active to order a duplicate membership card.

**NOTE:** A brother is considered fully financial only if national, regional and local dues are paid per the constitution section VI number 7. All national and regional dues are non-refundable.

\*UPDATED 10/14/16 FOR THE 2017 FISCAL YEAR

## SECTION A. INDIVIDUAL MEMBER ASSESSMENTS

### A1. ANNUAL DUES

	EA	GL	GC	SE	SO	SW	WE
<b>Alumni</b> (National & Regional Dues Total)	<b>\$180.00</b>	<b>\$180.00</b>	<b>\$174.00</b>	<b>\$175.00</b>	<b>\$165.00</b>	<b>\$175.00</b>	<b>\$180.00</b>
Late Alumni (National & Regional Dues + Late Fee after 12/31)	\$198.00	\$198.00	\$191.40	\$192.50	\$181.50	\$192.50	\$198.00
<b>Life Member</b> (Regional Dues Only)	<b>\$30.00</b>	<b>\$30.00</b>	<b>\$24.00</b>	<b>\$25.00</b>	<b>\$15.00</b>	<b>\$25.00</b>	<b>\$30.00</b>
Late Life Member (Regional Dues + Late Fee after 12/31)	\$33.00	\$33.00	\$26.40	\$27.50	\$16.50	\$27.50	\$33.00
<b>Collegiate / Associate</b> (National & Regional Dues Total)	<b>\$95.00</b>	<b>\$90.00</b>	<b>\$92.00</b>	<b>\$95.00</b>	<b>\$87.50</b>	<b>\$95.00</b>	<b>\$100.00</b>
Late Collegiate (National & Regional Dues + Late Fee after 12/31)	\$104.50	\$99.00	\$101.20	\$104.50	\$96.25	\$104.50	\$110.00

### A2. ANNUAL CHAPTER DUES

Check only if a brother has paid his chapter dues.

### A3. MEMBER REINSTATEMENT TOTALS

Alumni (National & Regional Dues + Reinstatement Fee)	\$192.50	\$192.50	\$186.50	\$187.50	\$177.50	\$187.50	\$192.50
Collegiate (National & Regional Dues + Reinstatement Fee)	\$101.25	\$96.25	\$98.25	\$101.25	\$93.75	\$101.25	\$106.25

### A4. MEMBER RECLAMATION TOTALS

Alumni <b>ONLY</b> (Must be sent along with reclamation materials)	\$202.50	\$202.50	\$196.50	\$197.50	\$187.50	\$197.50	\$202.50
--	----------	----------	----------	----------	----------	----------	----------

### A5. NEW MEMBER TOTALS

Alumni (w/ History Book)	\$925.00	\$925.00	\$913.00	\$915.00	\$895.00	\$915.00	\$925.00
Collegiate (w/ History Book)	\$755.00	\$745.00	\$749.00	\$755.00	\$740.00	\$755.00	\$765.00

### A6. LIFE MEMBERSHIP TOTALS

Check only if a brother has filled out the Life Membership Application.

## SECTION B. CHAPTER ASSESSMENTS

	Alumni	Collegiate
B1. Annual Chapter Tax	\$125.00	\$75.00
Late Annual Chapter Tax (after 12/31)	\$150.00	\$100.00
B2. Annual Chapter Liability Insurance	\$400.00	\$375.00
B3. Chapter Reinstatement Fee	\$25.00	\$25.00
B4. Headquarters Building Assessment	\$150.00	\$150.00
B5. 2015 Conclave Absentee Fee	\$525.00	\$425.00
B6. Risk Mgt Insurance Contribution	\$15.00	\$15.00
B7. Charter Fee Totals	\$840.00	\$765.00
B8. Charter Certificate	\$100.00	\$100.00

## SECTION C. MEMBER MATERIALS

C1. Membership Card	Included in 2017 Dues
C2. Membership Card Re-Order	\$10.00
C3. Membership Certificate	\$10.00
C4. Life Membership Certificate	\$10.00
C5. Life Membership Certificate (w/ frame)	\$75.00
C6. Membership Pin	\$155.00
C7. Life Member Pin	\$240.00
C8. Constitution	\$15.00
C9. Sigma Light	\$15.00
C10. Ritual Book	\$10.00
C11. History Book	\$75.00
C12. History Book (w/Past President Signatures)	\$125.00
C13. History Book (w/Leather Cover)	\$150.00



# PBS-1 - 2017 ORDER FORM

FEES ARE SUBJECT TO CHANGE AT ANY TIME  
FORM(S) OF PAYMENT MUST BE:

- 1. MONEY ORDER
- 2. CERTIFIED CHAPTER CHECK(NO PERSONAL CHECKS)

- 3. CREDIT CARD AUTHORIZATION(SUBMIT CC AUTH. FORM)
- 4. CASHIER'S CHECK

**PHI BETA SIGMA FRATERNITY, INCORPORATED**

**Department of Finance and Operations**

145 Kennedy Street, NW | Washington, DC 20011-5294

Phone: (202) 726-5424

Fax: (202) 882-1681

Email: Finance@phibetasigma1914.org

## PERSON COMPLETING ORDER

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

Check One:

- Individual Member (non-officer)     Advisor
- State/ Area Director                 Chapter Officer
- If Chapter Officer, Title: \_\_\_\_\_

## CHAPTER INFORMATION

CHAPTER: \_\_\_\_\_

REGION (Check One):

- Eastern                     Gulf Coast                 Great Lakes
- Southeastern             Southern                  Southwestern
- Western

## WHERE DO YOU WANT YOUR MATERIALS SHIPPED?

Attn to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION A. INDIVIDUAL MEMBER ASSESSMENTS

	A1	A2	A3	A4	A5	A6	Member #	Last Name	First Name	Amount
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
Address: _____										
Email: _____										
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
Address: _____										
Email: _____										
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
Address: _____										
Email: _____										
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
Address: _____										
Email: _____										
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
Address: _____										
Email: _____										
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
Address: _____										
Email: _____										

**SECTION A. SUB-TOTAL: \$ \_\_\_\_\_**

## SECTION B. CHAPTER ASSESSMENTS

B1. \$ _____	B2. \$ _____
B3. \$ _____	B4. \$ _____
B5. \$ _____	B6. \$ _____
B7. \$ _____	B8. \$ _____

**SECTION B. SUB-TOTAL: \$ \_\_\_\_\_**

## GRAND TOTAL SUBMITTED:

\$ \_\_\_\_\_

## SECTION C. MEMBER MATERIALS

	C1	C2	C3	C4	Member #	Last Name	First Name	Amount
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$ _____

  

	Qty.	Amount		Qty.	Amount		Qty.	Amount		Qty.	Amount
C5.	_____	\$ _____	C6.	_____	\$ _____	C7.	_____	\$ _____	C8.	_____	\$ _____
C9.	_____	\$ _____	C10.	_____	\$ _____	C11.	_____	\$ _____	C12.	_____	\$ _____

**SECTION C. SUB-TOTAL: \$ \_\_\_\_\_**