

Date\_\_\_\_\_Region\_\_\_\_\_State\_\_\_\_\_

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Chapter \_\_\_\_\_ Location \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you financial:      Yes [☐]      No [☐]

[illegible]

I, \_\_\_\_\_, certify that I voluntarily completed

the Membership Intake Process (MIP) Certification Training, which is required to participate in the membership intake process of Zeta Phi Beta Sorority, Inc. I understand that failure to comply with the guidelines will result in disciplinary action and/or expulsion from the sorority. I also acknowledge receipt of the training manual. By attending the scheduled MIP Certification Training Workshop, I agree that I will treat all of the information presented in the training and in the official revised MIP manual in a confidential and protected manner as prescribed and outlined in all of the MIP certification training documents. Failure to adhere to these policies/procedures may result in severe disciplinary action and/or civil penalties. I certify that the above information is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_