



Instructions: Please type or print clearly.
 Answer all questions to the best of your ability, and return this form to:

Tau Beta Sigma National Headquarters
 PO Box 849
 Stillwater, OK 74076-0849

LOCAL ALUMNI ASSOCIATION INFORMATION

Association Name: _____

District: NED SED NCD MWD SWD WD

Association Type: District Regional School/Chapter

Report Prepared by: _____

Association Phone: _____

Association Email: _____

Association Website: _____

Association Mailing Address: _____

City: _____ State: _____ ZIP: _____

ASSOCIATION OFFICERS

OFFICER NAME	OFFICER TITLE	OFFICER EMAIL	OFFICER PHONE

Total Number of Pages: _____

Date Filed: _____

LOCAL ALUMNI ASSOCIATION APPLICATION

TBS AA ALUMNI ASSOCIATION REGISTRATION FEES

Charter Fee: \$25.00	\$ _____	<i>Paid the first year the LAA registers</i>
Annual Fee: \$50.00	\$ _____	<i>For the period: June 1 to May 31</i>
Donation to TBΣAA Programs:	\$ _____	
Total:	\$ _____	

**Make checks payable to Tau Beta Sigma Alumni Association*

INDIVIDUAL MEMBERSHIP REGISTRATION FEES

<u>Type</u>	<u>Cost</u>	<u>Quantity</u>	<u>Total</u>
Local-only Dues:	\$15.00	_____	\$ _____
Alumni Dues:	\$35.00	_____	\$ _____
Friend of TBΣAA:	\$50.00	_____	\$ _____
Gold Star Club:	\$60.00	_____	\$ _____
Total		_____	\$ _____

**Individual memberships should be paid with a separate check than Association Fees.
Make checks payable to Tau Beta Sigma Alumni Association*

ASSOCIATION TAX-ID

Recognized LAAs are eligible to receive a Federal Tax ID number to be used for the sole purpose of establishing bank accounts. Would you like for the TBS AA to apply for a Federal Tax ID on your LAA's behalf? (Please note, individual LAAs may not independently apply) YES NO

PROPOSED ALUMNI POPULATION

Briefly describe the targeted alumni population for the proposed LAA (i.e. - alumni living in the Stillwater, OK area or brothers and sisters from the chapters at Oklahoma State University):

PROPOSED RECRUITMENT PLAN

Briefly describe your potential recruitment plan for your association, and indicate where you believe the TBΣAA can assist you in the process:

ASSOCIATION PURPOSE/VISION

What is the overall purpose of the proposed association? What is the value added to the alumni experience your LAA will provide? How will you, if at all, interact with active chapters?

AUTHORIZATION

All Local Alumni Associations of TBΣAA agree, in signing this form and paying membership fees, to adhere to the policies and procedures of the Sorority as set out in the National Constitution and National Policies. LAAs shall recognize the appropriate authority of elected or appointed officers, representatives or employees of the Sorority in questions of policy and shall not engage in activities designed to circumvent Sorority policies.

Signed by: _____

Printed Name: _____

Position/Office Held: _____

On behalf of (LAA Name): _____

Date: _____

If you selected Chapter Based Affiliate on the first page of this application, the Chapter Sponsor and Director of Bands must complete the following:

APPROVAL FOR CHAPTER BASED ASSOCIATION

This document serves as the official approval for an affiliate group affiliated with this college/university. It must be submitted annually, along with a current roster and annual report, to the Tau Beta Sigma Alumni Association Executive Council. The Tau Beta Sigma Association (TBΣAA) is an organization that works with the National Sorority and the Board of Trustees on alumni affairs, and exists to provide alumni with chapter-based, regional, and national resources and networks.

- This recommendation for approval allows the Affiliate to use the chapter's name and pursue social, scholastic, fraternal, and musical activities and programming with the local chapter and college/university bands in accordance with the desires and vision of the chapter sponsor/director of bands.
- This approval can be withdrawn by sending a letter to the TBΣAA Executive Council.
- This approval does not authorize any activities or approve any actions of the Affiliate group. The Affiliate must work with the chapter sponsor, director of bands, and chapter officers/brothers and be in accordance with their wishes and vision.
- Membership in this Affiliate group is restricted to those listed on the Affiliate's official roster and must be in accordance with the membership policies of the Tau Beta Sigma Alumni Association.

I approve of the formation of a Local Alumni Association of the Tau Beta Sigma Alumni Association affiliated with the

_____ at _____
Chapter College/University

Director of Bands Printed Name

Director of Bands Signature

Date

Chapter Sponsor Printed Name

Chapter Sponsor Signature

Date

Questions? Call National Headquarters at (800) 543-6505, visit our website at www.kkymb.org, or email alumni@kkpsi.org or tbsaa@tbsigma.org

LOCAL ALUMNI ASSOCIATION ACTION PLAN

Please indicate major goals and activities your LAA plans to achieve over the next year. List your basic goals, a plan to reach your goals, and the timeframe in which your association plans to achieve them. Please attach additional sheets as needed.

GOAL: _____

PLAN TO ACHIEVE GOAL: _____

ANTICIPATED OBSTACLES TO ACHIEVING GOAL: _____

WHERE CAN THE TBΣAA ASSIST?: _____

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WHERE CAN THE TBΣAA ASSIST?: _____

MEMBERSHIP

Instructions: Please complete the information below for all members of your Affiliate group, if you need more room please attach additional pages. Please note if they are a member of TBSAA or not. If anyone is joining TBSAA, via this report, please note appropriately. A majority (50%+1) of all affiliate members must be TBSAA dues paying members to charter and/or remain active.

Full Name: _____
Email Address: _____
Phone Number: _____
Life Member: Yes No
TBSAA Membership: Yes No
Friend of TBSAA : Yes No

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