



# Southwestern Region Distinguished Service Chapter Citation

of Brother:			
Name ⇒		Chapter ⇒	
Date of Induction into ΦΒΣ ⇒		Membership Number ⇒	
Email Address ⇒		Phone w/ Area Code ⇒	
City   State ⇒			
	City ↑		State ↑

for the

## SOUTHWESTERN REGION DISTINGUISHED SERVICE CHAPTER

### PRESENTED TO THE

Conference Year ⇒		<b>ANNUAL REGIONAL CONFERENCE</b>
-------------------	--	-----------------------------------

Held at

City   State ⇒	<b>Oklahoma City</b>	<b>OK</b>
	City ↑	State ↑

On

Date ⇒	
Chapter Presented by ⇒	

**SUBJECT:** Recommendation of Brother ⇒ \_\_\_\_\_  
for membership in the Southwestern Region Distinguished Service Chapter

**TO:** The ⇒ \_\_\_\_\_  
Year ↑ \_\_\_\_\_ Southwestern Regional Conference

**THROUGH:** The President and Secretary of Phi Beta Sigma Fraternity, Inc. ⇒ \_\_\_\_\_  
Chapter ↑ \_\_\_\_\_ Chapter \_\_\_\_\_

**FOR:** Approval and forwarding to the Regional DSC for consideration at the 2018 Southwestern Regional Conference.

**FROM:** The Members of ⇒ \_\_\_\_\_  
Chapter ↑ \_\_\_\_\_ City ↑ \_\_\_\_\_ State ↑ \_\_\_\_\_

The following citation and recommendations include:

- 1 Biography of Brother
- 2 Extra Curricula and Community Activities
- 3 Fraternity Activities and Achievements (local, regional, national)
- 4 Chapter Resolutions
- 5 Chapter Endorsement

This Citation and Recommendation is being submitted with the hope that it will receive favorable action by the Southwestern Regional Distinguished Service Chapter and be presented to the Southwestern Regional Conference for approval.

Fraternally Submitted,

Chapter President ↑	Chapter Secretary ↑



# Southwestern Region Distinguished Service Chapter Citation

## **BIOGRAPHY OF BROTHER:**

## **EXTRACURRICULAR AND COMMUNITY ACTIVITIES:**

## **FRATERNITY ACTIVITIES AND ACHIEVEMENTS (National, Regional, Local):**



## Southwestern Region Distinguished Service Chapter Citation

<b>CHAPTER RESOLUTIONS:</b>							
<b>WHEREAS:</b>							
<b>WHEREAS:</b>							
<b>WHEREAS:</b>							
<b>WHEREAS:</b>							
<b>WHEREAS:</b>							
<b>THEREFORE BE IT RESOLVED:</b>							
<b>WE, THE UNDERSIGNED, HEREBY CERTIFY THAT THIS CITATION HAS BEEN</b>							
<i>Place an "X" above the selection</i>			<b>ON THIS</b>		<b>DAY OF</b>		
	APPROVED ↑	DISAPPROVED ↑		DAY ↑		MONTH ↑	YEAR ↑
Chapter President Signature ↑		Date ↑		Chapter Secretary Signature ↑		Date ↑	



# Southwestern Region Distinguished Service Chapter Citation

## Application for Membership

Name of Candidate ⇒			
Chapter ⇒		Membership Number ⇒	
Street Address ⇒		Phone w/ Area Code ⇒	
City   State ⇒			
	City ↑		State ↑

### FRATERNITY ACTIVITIES:

<b>1</b>	In good standing with the National Office for the last ten years consecutive				
<b>2</b>	Active member of local chapter for the last ten years consecutive	YES ⇒		NO ⇒	
<b>3</b>	Attended two (2) of the last three (3) Regional Conferences	YES ⇒		NO ⇒	
<b>4</b>	Attended two (2) of the last three (3) Conclave	YES ⇒		NO ⇒	

### COMMUNITY ACTIVITIES:

<b>1</b>	List special citations or awards received in the community.				
	<b>A</b>				
	<b>B</b>				
	<b>C</b>				
	<b>D</b>				
<b>2</b>	List civic and political organizations of which applicant is or has been a participant member.				
	<b>A</b>				
	<b>B</b>				
	<b>C</b>				
	<b>D</b>				
<b>3</b>	Business operation or affiliation:				
	<b>A</b>				
	<b>B</b>				
	<b>C</b>				

### APPLICANTS MUST SUBMIT PROOF OF AWARDS, CITATIONS, AFFILIATIONS, ETC.

Has the applicant been endorsed by his local chapter	YES ⇒		NO ⇒	
--	-------	--	------	--

### APPROVAL:

Print Chapter Name ↑	Chapter President Signature ↑	Date ↑	Local Chapter Name ↑

*Complete and return by **March 5, 2018** to:*

*Weldon Kidd  
 P.O. Box 1346  
 Antioch, TN 37013  
 (615) 781-6235*

***This application should be executed by the local chapter and must be received a minimum of 30 days prior to the start of the Regional Conference.***

### FOR SWDSC CHAPTER USE ONLY:

Date Received ⇒		Action Take ⇒	
-----------------	--	---------------	--