

Zeta Phi Beta Sorority, Inc.
MIP Certification Training Registration Form

PLEASE PRINT

Region _____ State _____

Name _____ ID Number _____

Chapter _____ Location _____

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Are you financial? Yes No

Signature _____ Date _____

----THE SECTION BELOW IS TO BE COMPLETED THE DAY OF THE CERTIFICATION-----

I, _____, certify that I voluntarily completed
Printed Name

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