

Beta Phi Member Biographical Information

**Place Photo Here
(if available)
Put a senior
picture if that is
all you have!**

**Please complete the information below and
Return by September 4 to:**

**Cyndy Fairchild
P.O. Box 542043
Grand Prairie. TX 75054 OR cyndyfairchild@gmail.com**

Last Name: _____ **First Name:** _____

**Mailing
Address:** _____

E-Mail Address: _____

**Telephone Numbers: (home) () _____
(Business) () _____ (Cell) () _____**

Date of Birth: _____

Chapter into which you were initiated: _____

Date of Initiation: _____

If you transferred into Beta Phi, give the year: _____

Education: (include degrees, certifications, colleges/universities attended)

Honors/Awards:

