Note: Print as many as you need

Total Service Hours is 20 per year

Name of the Beta Club Member: BETA CLUB Member ID Number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization Served** | **Address of the Organization** | **Description of the service Provided** | **Dates/Time Served** | **Name, Designation, Signature, Phone Number and email address of the person who supervised the service** |
|  |  |  |  | **Name:**  **Designation:**  **Phone #:**  **Email:**  **Signature:**  **Date:** |
|  |  |  |  | **Name:**  **Designation:**  **Phone #:**  **Email:**  **Signature:**  **Date:** |
|  |  |  |  | **Name:**  **Designation:**  **Phone #:**  **Email:**  **Signature:**  **Date:** |