

TAU BETA SIGMA

FOR GREATER BANDS

NATIONAL HONORARY BAND SORORITY

APPLICATION FOR COLONIZATION

College/ University Name: _____

Re-Charter (Yes/No): _____

If yes, Greek Letter Designation: _____



Kappa Kappa Psi & Tau Beta Sigma National Headquarters
PO Box 849 • Stillwater, OK • 74076-0849
Telephone: (405) 372-2333 • Fax: (405) 372-2363
E-Mail: kkytbs@kkytbs.org
<http://www.kkpsi.org> • <http://www.kkytbs.org>

SUBMITTING THE APPLICATION

Option 1: Save the application, scan letters of support and email all documents to the Colony Education Coordinator at hqedu@kkytbs.org. Send application fee (check or money order) via Certified Mail to the Sorority National Headquarters – PO Box 849 Stillwater, OK 74076.

Option 2: Print all documents and mail along with the application fee (check or money order) via Certified Mail.

APPLICATION WINDOWS

Applications will only be accepted within the two “application windows” set by the National Council.

For a Fall Colonization Process, applications must be sent between February 1 and June 1.

If your application is approved, the Colony will be permitted to start on September 1.

For a Spring Colonization Process, applications must be sent between September 1 and December 1. If your application is approved, the Colony will be permitted to start on February 1.

Any applications sent before a window opens or after it closes will be returned.

COLONIZATION APPLICATION FEES

All Tau Beta Sigma colonization applications must be submitted with a NON-REFUNDABLE Application Fee of \$150.00. All funds sent to our National Headquarters Office must be either a check, money order, or credit card payment taken over the phone. Please do not send cash through the mail.

APPLICATION PACKET SHOULD INCLUDE THE FOLLOWING:

- Completed Application Document (Must be typed. Handwritten applications will be returned.)
- Required Non-refundable Application Fee of \$150.00
- Required Signatures
- Evidence of Institution Accreditation
- Letter of Support from Dean of Students (or campus equivalent)
- Letter of Support from Director of Bands
(If there is no one with this title, please contact the Department Chair, Dean of the College or other supervisory individual for the correct person to complete this letter.)
- (Optional) Letter of Support from Associate/Assistant Director of Bands
- List of Colony Members
(Potential Colonists should each be band members who reflect the diverse population of your band program.)
- List of Honorary Members
- Institutional Requirements for Members of Student Organizations
- Institutional “Fact Book” or Similar Document
(It is important for us to have a clear picture of the overall demographics and success rate of your institution. This will allow us to more accurately determine the chances of continued success of a TBΣ chapter on your campus.)



TAU BETA SIGMA

FOR GREATER BANDS

NATIONAL HEADQUARTERS
PO BOX 849 STILLWATER, OK 74076
PHONE: 405.372.2333
FAX: 405.372.2363

SCHOOL INFORMATION

College or University: _____

City: _____ State: _____ Zip Code: _____

Approximate Size of Enrollment: _____

- Public Two Year Semester System Undergraduate Music Degree
 Private Four Year Quarter System Advanced Music Degree
 Conservatory

ADMINISTRATION

TBΣ requires coordinating your application with the college or university Student Affairs Office. Please provide an official letter of support from the Student Affairs Office or Representative (required). Please attach the letter to this application.

Name: _____ Title: _____

Department: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax #: _____ Email: _____

Is your institution an accredited college or university? _____

Accreditation Agency: _____

BAND INFORMATION

TBΣ requests an official letter of support from the Director of Bands (required). Please attach letter(s) to this application.

Director of Bands: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax #: _____ Email: _____

Ensembles and approximate number of members for each:

- Concert Band _____ Jazz Band _____ Marching Band _____
 Symphonic Band _____ Wind Ensemble _____ Basketball Band _____
 Other Ensembles: _____

Major Musical Performances (CBDNA, State MEA, ABA, Bowl Games, Honda):

Musical and Professional organizations in the Music Department (e.g. ΦMA, ΚΚΨ, NafME):

SPONSOR INFORMATION

Sponsor's Name: _____

Position/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Email: _____

COLONY INFORMATION

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Email: _____

COLONY FEES FOR TAU BETA SIGMA * All fees are subject to change without notice.

All colony fees are due after the application has been accepted and prior to the colony's installation as an Active Chapter. Those fees include the following:

Colony Member Fee	\$125.00 Per Member
Honorary Member Fee	\$50.00 Per Member
One-Time Charter Fee	\$300.00

Failure to pay colony fees in a timely manner may prolong the colonization process or result in the removal of the colony.

For More information regarding the colonization process, please visit www.tbsigma.org/colonization

REQUIRED SIGNATURES

Director of Bands Signature

Date

Colony Sponsor Signature

Date

Student Affairs Representative Signature

Date

TAU BETA SIGMA COLONY MEMBERS (PAGE 6)

Please list the colony members. TBΣ promotes equality and diversity and encourages a variety of leaders in bands. This includes, but is not limited to, diverse instrumentation, gender, year in school, and major fields of study. Colony members should reflect the diversity of your band programs.

TAU BETA SIGMA COLONY HONORARY MEMBERS (PAGE 10)

Please list the colony’s Honorary Members. This can include your Director of Bands, Sponsor, and other band staff.

INSTITUTIONAL REQUIREMENTS FOR MEMBERS OF STUDENT ORGANIZATIONS

Please describe any restrictions on membership or university requirements. For Example, does the institution have a required GPA or number of credit hours? Are students required to attend any workshops or be cleared for intake by the institution?

INSTITUTIONAL “FACT BOOK” OR SIMILAR DOCUMENT

Please provide an electronic copy (pdf attachment) or hyperlink to the institutional statistics.
http://_____

**LIST OF POTENTIAL COLONISTS
(MUST BE TYPED)**

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBS OR KKP?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

NAME: _____
INSTRUMENT: _____
GENDER: _____
YEAR IN SCHOOL: _____
MAJOR: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR KKΨ?: _____

**LIST OF POTENTIAL HONORARIES
(MUST BE TYPED)**

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____

NAME: _____
GENDER: _____
E-MAIL ADDRESS: _____
PREVIOUS MEMBER OF TBΣ OR ΚΚΨ?: _____