

BΦM International Library & Information Studies Honor Society

Membership Form

Directions: Complete and return this form, along with your check in the amount of \$100.00 made payable to Beta Phi Mu, to your local chapter.

(Please type or print your name as you would like it to appear on your certificate.)

Name _____
First Middle Name or Initial Last

Mailing Address _____

City State Zip Code

Email Address _____ Phone Number _____

Permanent Address _____
(if different from above)

City State Zip Code

Position Title _____ Workplace _____
Library School Attended _____ Year Graduated _____
Chapter Affiliation _____ Date of Initiation _____

Please check all that apply:

Lifetime Membership Fee Enclosed

I would like to be inducted in absentia

For Chapter Use Only

I hereby certify the above named candidate's eligibility for membership into Beta Phi MU.

Chapter Representative, Signature

Chapter Representative, Name (Print)



www.betaphimu.org