

BΦM
INTERNATIONAL LIBRARY & INFORMATION STUDIES HONOR SOCIETY

Chapter Initiation Report

(Please list names of all new members of your chapter, whether initiated in person or in absentia, and send to Beta Phi Mu Headquarters, along with applications and fees, following the initiation ceremony.)

Chapter/Institution _____ Date of Initiation _____

Names of Initiates

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

I hereby certify that the above persons were initiated into _____ Chapter of Beta Phi Mu on the date indicated.

Mail with Membership Forms & Check to:
Beta Phi Mu Headquarters
PO Box 292992
Davie, FL 33329



Chapter Representative