## ВФМ

## International Library & Information Studies Honor Society

## International Membership Form

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

Name			
First	Middle Name or Initial	La	st
Mailing Address			
	Street		
	City	State/Province	Zip/Postal Code
Email Address	Phone Number		
Permanent Address			
(if different from above)	Street		
	City	State/Province	Zip/Postal Code
Position Title	W	orkplace	
Library School		ar of Graduation	

Please complete and return this form, along with your check or money order in the amount of US \$115.00\* made payable to "Beta Phi Mu" to:

Beta Phi Mu Headquarters PO Box 292992 Davie, FL 33329

\*Beta Phi Mu lifetime membership fee

If you would like to pay by credit card, please email <a href="mailto:headquarters@betaphimu.org">headquarters@betaphimu.org</a> to arrange this; there is a small processing charge for this service.

