

# BΦM International Library & Information Studies Honor Society

## Membership at Large Form

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

Name \_\_\_\_\_  
First Middle Name or Initial Last

Mailing Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(if different from above) Street  
\_\_\_\_\_  
City State Zip Code

Position Title \_\_\_\_\_ Workplace \_\_\_\_\_

Library School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

**Please complete and return this form, along with your check or money order in the amount of \*\$100.00 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 [headquarters@betaphimu.org](mailto:headquarters@betaphimu.org) to arrange this; there is a small processing charge for this service.**



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