International Membership 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/Province ____________________________ Zip/Postal Code ____________________________

Email Address ________________________________ Phone Number ________________________________

Permanent Address ________________________________ (if different from above)

Street ________________________________

City ____________________________ State/Province ____________________________ Zip/Postal Code ____________________________

Position Title ________________________________ Workplace ________________________________

Library School ________________________________ Year 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 42139
Philadelphia, PA 19101 USA

*Beta Phi Mu lifetime membership fee

If you would like to pay by credit card, please email headquarters@betaphimu.org to arrange this; there is a small processing charge for this service.

www.betaphimu.org