

# BΦM International Library & Information Studies Honor Society

## Membership Form

**Directions:** Complete and return this form, along with your check in the amount of \$85.00 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 Secretary, Signature

\_\_\_\_\_  
Chapter Secretary, Name (Print)

