**BETA PHI MU**

**International Library and Information Studies Honor Society**

# Membership Form

**(Type or Print)**

Name

_____

First Middle Initial Last

E-Mail Address

_____

Mailing Address

_____

Street

_____

City State Zip Code

Permanent Address

_____

(if different from above) Street

_____

City State Zip Code

Position _____Library _____

Name of Library School: **The University of Hawaii at Manoa**
Graduation Date: _____

Chapter: Xi Chapter
Initiation Date: _____

Place of Initiation: The University of Hawaii at Manoa
Initiation Fee Paid ____ yes ____ no

I hereby certify the above named candidate eligible for membership in Beta Phi Mu.

_____

Chapter Secretary

**Chapter:** Please send WHITE copy of this form, together with initiation fee, to Beta Phi Mu, School of Information Studies, Florida State University, Tallahassee, FL 32306-2100. (Blue copy of this form should be kept in chapter's files.) Please **MAKE CHECKS PAYABLE TO BETA PHI MU.**

FORM A-1 Rev. 7/97