

**Change of Chapter Affiliation Form**  
(Please Print Clearly)

Name:

\_\_\_\_\_

<b>First</b>	<b>Middle Initial</b>	<b>Last</b>
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Mailing Address:

\_\_\_\_\_

**Street**

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Permanent Address:

(if different from above)

\_\_\_\_\_

**Street**

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip Code</b>
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E-Mail Address:

\_\_\_\_\_

Position:

\_\_\_\_\_

Organization:

\_\_\_\_\_

Library School:

\_\_\_\_\_

Year of Graduation:

\_\_\_\_\_

Date of Initiation:

\_\_\_\_\_

Place of Initiation:

\_\_\_\_\_

**Chapter You Are Transferring Your Membership From:**

\_\_\_\_\_

**Chapter You Are Transferring Your Membership To:**

\_\_\_\_\_

**PLEASE MAIL COMPLETED FORM TO:**

**BETA PHI MU**  
Florida State University  
101H Louis Shores Building  
142 Collegiate Way  
Tallahassee, FL 32306-2100

