

# Phi Beta Delta, Honor Society for International Scholars

Administration Building Rooms 148 & 150  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, CA 92407  
Phone: (909) 537-5018  
E-mail: [staff@phibetadelta.org](mailto:staff@phibetadelta.org)



---

## Request for Transfer of Membership

(Last Updated 08/10/20)

This form is to be used by members who wish to request membership transfer to another chapter. It is most helpful if complete information is provided regarding the date and original chapter of initiation.

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name under which you were initiated if change has occurred:

\_\_\_\_\_  
Institution and Chapter where initiated:

\_\_\_\_\_  
Date of initiation:

### To be completed by officer of the receiving Chapter:

Institution of new membership: \_\_\_\_\_  
Chapter of new membership: \_\_\_\_\_  
Name of Chapter Coordinator: \_\_\_\_\_  
Signature of Chapter Coordinator: \_\_\_\_\_

**Note:** Request for Transfer / Reactivation of Membership should be accompanied by a check for \$15.00 to cover applicant's Annual Dues.

**Please, make check payable to Phi Beta Delta. Online payments are also available at:**

<http://www.phibetadelta.org/onlineshop.php>

**Please return completed form to:**

Phi Beta Delta Executive Office  
Administration Building Rooms 148 & 150  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, CA 92407  
Phone: (+1) 909-537-5018  
E-mail: [staff@phibetadelta.org](mailto:staff@phibetadelta.org)