

Phi Beta Delta, Honor Society for International Scholars

Administration Building Rooms 148 & 150
5500 University Parkway
California State University, San Bernardino
San Bernardino, CA 92407
Phone: (909) 537-3250
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Request for Transfer of Membership

(Last Updated 06/24/11)

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 _____
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 Officer: _____
Signature of Chapter Officer: _____

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/index.php/Gift-Shop.html>

Please return completed form to:

Phi Beta Delta Executive Office
Administration Building Rooms 148 & 150
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California State University, San Bernardino
San Bernardino, CA 9240
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