PHI BETA DELTA
Omega Chapter
Honor Society for International Scholars

MEMBERSHIP APPLICATION

Deadline to submit: March 31, 2010

Dr./Mr./Mrs./Ms. _____
Last First Middle

Current Address (Dept. Address) _____

_____

Permanent Address (if different from above) _____

_____

Current Phone ( ) _____ Email _____

Country of Citizenship _____

Academic Area/Major _____

Please Check One:			
	_____	US Student	$45.00
	_____	Int'l Student	$45.00
	_____	Faculty/Staff	$55.00

Briefly describe your international experience: study and/or teaching abroad, research, and publications. Please use reverse side of application for your comments.

* Students – Please attach an unofficial copy of your CSUN transcript
* Faculty – Please attach a copy of your curriculum vitae

Signature _____ Date _____

Make Check Payable To: Omega Chapter of Phi Beta Delta

Mail To:

Dr. Marta Lopez, Chair, PBD Membership
California State University, Northridge
c/o International and Exchange Student Center
18111 Nordhoff Street
Northridge, CA 91330-8445
Phone: (818) 677-3053

For PBD Use:

Application received on: _____
Member installed: ☐ Yes ☐ No Date: _____