



Mu Beta Phi Military Fraternity Incorporated

Name: Date of Birth:

Address: Last, First Middle MM/DD/YYYY

City: State: Zip:

Best contact number: Email address: Abbreviation

Branch of Service: Status: Length:

Highest Level of Education:

Current or Previous member of another military Greek letter sorority/fraternity? (Yes/no; if yes, which organization)

Why do you want to join Mu Beta Phi Military Fraternity, Inc?

I hereby certify that the information provided is true and accurate to the best of my knowledge. If any information is found to be false, it may disqualify me as a candidate.

 X
C a n d i d a t e

Once complete, email your completed application and required documentation to mubetaphimembership@gmail.com. Please allow 72 hours for response.

- Membership Committee Only**
- Application & Initiation fee
 - Copy of Government Issued ID
 - Copy of DD214
 - Letter of Recommendation