

The Lambda
The National Honor Society for



Beta Society
the Profession of Respiratory Care

APPLICATION FOR CHARTER LAMBDA BETA SOCIETY

Instructions:

1. Initial Membership fees of \$55 are due at the time of submission of application and can be paid online with a secure personalized link, or by check or money order. Please email the completed form to lambdabeta@nbrc.org or mail it to the address below.
2. Annual Chapter dues of \$50 are due in February of each year thereafter.

Program Name: _____

Program Address: _____

CoARC Program Number(s): _____ Type of Program: _____

Type of Degree Earned by Graduates: _____

Average Number of Students Enrolled in Each Class: _____

Name of Program Director: _____

Contact Person Phone Number: _____

Contact Person Email Address: _____

Name of Administrative Officer of the College: _____

We hereby make application to form a Chapter of the Lambda Beta Honor Society and agree to follow the Bylaws of the Society, and to promote academic excellence in the profession of Respiratory Care.

Chapter Chair Signature

Administrative Officer Signature

Chapter Chair (Please Print)

Administrative Officer (Please Print)

Date

Date

We've made submitting your payment more convenient! For a faster turnaround, please email this completed form to lambdabeta@nbrc.org to receive a secure personalized payment link.

Email Address to Send Payment Link To: _____

FOR OFFICE USE ONLY:

Date Received:
Program Number:
Payment Method: CC Check
Check Number:

Date & Type of Nomination:
Date Processed:
Certificate Mailed:
Date CC Approved: