The Lambda Beta Society

The National Honor Society for the Profession of Respiratory Care

MEMBERSHIP ACCEPTANCE FORM INSTRUCTIONS:

1. Complete all of the information requested below.
2. Membership fees of $25 ($40 for Honorary Chapter Member) 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, unless you have been instructed to return it directly to your program director or chapter representative.
3. Certificate packets will be shipped to the program director within 7-10 days. Please note: it may take up to three weeks to receive packets during high volume times in April and May.

PLEASE PRINT LEGIBLY: *Required fields

*Name: _____
First Name Middle Initial Last Name Applicable Credentials

Phone Number: _____

*Mailing Address: _____

*Email Address: _____
Personal email address is preferred

*School Submitting Your Nomination: _____

I hereby accept membership in the Lambda Beta Society:

_____
Signature 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: _____

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