



**Lambda Nu**

National Honor Society for the Radiologic and Imaging Sciences.  
Arkansas State University, Box 910, State University, AR 72467-0910, 870-972-3073, Fax 870-972-3485  
[rwinters@astate.edu](mailto:rwinters@astate.edu) <http://www.lambdanu.org>

**Student Application**

1. Name of student as it should appear on the certificate (**please type**):

\_\_\_\_\_

First

Middle (if desired)

Last

Applications must be typed!

A typed list of prospective members may be accompanied by one application.

2. Name and address of officially recognized Chapter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Official contact person for the Chapter:

\_\_\_\_\_  
\_\_\_\_\_

Name and Title

**A one-time student induction fee of \$20 should be enclosed.  
Make checks payable to Lambda Nu.**

*"By my signature I hereby attest that the above named student is enrolled in and in good standing at the institution of the above chapter. I further attest that they have met the criteria for membership of the Chapter as listed in the Chapter Bylaws on file with the national Lambda Nu office.*

*Please allow 2-3 weeks for delivery.  
An additional \$30 for expedited shipping.*

\_\_\_\_\_

Signature of official Chapter contact