

Lambda Nu

National Honor Society for the Radiologic and Imaging Sciences.

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	Faculty Application	
1.	Name of faculty member as it should appear on the certificate (ple	ease type):
	First Middle (if desired) Last lications must be typed! ped list of prospective members may be accompanied by on	e application.
2.	Name and address of officially recognized Chapter:	
3.	Official contact person for the Chapter:	
	Name and Title	
	A one-time faculty induction fee of \$40 should be enclosed. Make checks payable to Lambda Nu.	
	"By my signature I hereby attest that the above named faculty member teaches at the in above chapter. I further attest that they have met the criteria for membership of the Chapter Bylaws on file with the national Lambda Nu office." (Full time, part time, adjunct are all eligible for faculty membership)	pter as listed in the
	Please allow 2-3 weeks for delivery.	

Signature of official Chapter contact