



**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  
[lambdanu@lambdanu.org](mailto:lambdanu@lambdanu.org) <http://www.lambdanu.org>

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**Faculty Application**

1. Name of faculty member 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 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 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." (Full time, part time, adjunct, and guest faculty are all eligible for faculty membership)*

*Please allow 2-3 weeks for delivery.*

\_\_\_\_\_  
Signature of official Chapter contact