

Lambda Nu

National Honor Society for the Radiologic and Imaging Sciences.

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Faculty Application
Name of faculty member as it should appear on the certificate (please type):
First Middle (if desired) Last lications must be typed!
ped list of prospective members may be accompanied by one applicat
Name of officially recognized Chapter (Example: Nevada Alpha):
Address of officially recognized Chapter:
Official contact person for the Chapter:
Name and Title
A one-time faculty induction fee of \$50 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 Chapter Bylaws on file with the national Lambda Nu office." (Full time, part time, adjunct, and guest factor are all eligible for faculty membership)
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Signature of official Chapter contact