



**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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**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 of officially recognized Chapter (Example Nevada Alpha):

\_\_\_\_\_

3. Address of officially recognized Chapter:

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

4. Official contact person for the Chapter:

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

Name and Title

**A one-time student induction fee of \$30 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