



Lambda Nu

Home Office Use Only _____
Date Received

National Honor Society for Medical Imaging and Radiation Sciences
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<http://www.lambdanu.org>

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!

2. Name of officially recognized Chapter (Example: Nevada Alpha):

3. Address of officially recognized Chapter:

4. Date of Induction Ceremony

5. 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.**

Please allow 2-3 weeks for delivery. Add an additional \$50 for expedited shipping

Signature of Official Chapter Contact