



Lambda Nu

Home Office Use Only \_\_\_\_\_  
Date Received

National Honor Society for Medical Imaging and Radiation Sciences  
Arkansas State University Box 910 State University, AR 72467 870-972-2952  
[dcaldwell@astate.edu](mailto:dcaldwell@astate.edu), [kyoungman@astate.edu](mailto:kyoungman@astate.edu), [lambdanu@lambdanu.org](mailto:lambdanu@lambdanu.org)  
<http://www.lambdanu.org>

## 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. Date of Induction Ceremony

\_\_\_\_\_

5. Official Contact Person for the Chapter

\_\_\_\_\_

\_\_\_\_\_  
Name and Title

**A one-time student induction fee of \$30 should be enclosed. (\$30 per student)  
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."*

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

\_\_\_\_\_  
Signature of Official Chapter Contact