

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 http://www.lambdanu.org

		Student Application
1.	Name of stud	dent as it should appear on the certificate (please type):
<u>Appli</u>	First ications mu	Middle (if desired) Last st be typed!
A typ	ed list of pro	spective members may be accompanied by one application
2.	Name and a	ddress of officially recognized Chapter:
3.	Official conta	act person for the Chapter:
		Name and Title

A one-time student induction fee of \$20 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
