

## 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 <u>http://www.lambdanu.org</u>

## **Student Application**

## 1. Name of student as it should appear on the certificate (**please type**):

Middle (if desired)

Applications must be typed!

First

Last

A typed list of prospective members may be accompanied by one application.

2. Name and address of officially recognized Chapter:

3. Official contact person for the Chapter:

Please provide two separate checks.

A one-time student induction fee of \$20 should be enclosed. Make check payable to Lambda Nu. A second one-time induction fee of \$10 should be enclosed. Make this check payable to Gamma Beta Alpha Chapter of Lambda Nu. Please deliver to the Radiologic Sciences Program.

"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.

Signature of official Chapter contact