



## Lambda Nu

National Honor Society for the Radiologic and Imaging Sciences  
**Pennsylvania Sigma Chapter**  
Reading Hospital School of Health Sciences Medical Imaging Program  
P.O. Box 16052  
Reading, PA 19612-6052  
[pennsylvaniasigma@gmail.com](mailto:pennsylvaniasigma@gmail.com)

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### Alumni Application

1. Complete the following with name of alumni as it should appear on certificate. Please print legibly.

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First	Middle (if desired)	Last
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Mailing Address

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City, State, Zip

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Phone Number	Email Address
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Year Graduated	Name at time of enrollment
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2. Criteria for alumni. **Check all that apply.**

**\*Please submit documentation.**

- Required:** Be a graduate of an imaging science program at Reading Hospital School of Health Sciences or Reading Hospital Radiologic Technology Program.
- Required:** Cumulative GPA of 3.0 or higher on a 4.0 scale after completion of an imaging science program.\* (unofficial transcript forwarded to RHSHS Lambda Nu Society.)
- Required:** Active membership in an imaging sciences professional organization.\*
- Required:** Current professional certification or recognized retired status by a nationally recognized credentialing organization in medical imaging.\*

**A one-time alumni induction fee of \$65 must be enclosed.** Please enclose **2 checks** - make **check 1** in the amount of **\$30 payable to Lambda Nu** for the National Charter fee. Make **check 2** in the amount of **\$35 payable to Pennsylvania Sigma Chapter of Lambda Nu** for the Pennsylvania Sigma Chapter Fund.

**Please submit completed application with required documentation and checks by one of the following methods:**

- **In person:** Please place completed application with required documentation and checks in a sealed envelope labeled "Pennsylvania Sigma Chapter of Lambda Nu" and drop off at Reading Hospital School of Health Sciences M-F 8:00am-4:30pm.
- **Via mail to:**  
Reading Hospital School of Health Sciences Medical Imaging Program  
Attn: Pennsylvania Sigma Chapter of Lambda Nu  
P.O. Box 16052  
Reading, PA 19612-6052

*"By my signature I hereby attest that I have met the criteria for membership as indicated above."*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

