



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

Alumni Application

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

First	Middle (if desired)	Last
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Mailing Address

City, State, Zip

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 RSHS 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 \$75 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 **\$45 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