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

Mailing Address

City, State, Zip

Phone Number Email Address

Year Graduated Name at time of enrollment

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 $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

Created: 7.2017
Rev: 1.2022
9.2023