



Lambda Nu

Emory University Medical Imaging Program, Attn. Barbara Peck, 531 Asbury Cir, N112, Mailstop 1600-002-1AA,
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Faculty Application

1. Name of faculty member as it should appear on the certificate (please print):

First	Middle (if desired)	Last
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2. Address: _____

3. Criteria: **Please check**
Actively teaching at the institution above
- Full time
 - Part time
 - Adjunct
 - Guest faculty

4. ***A one-time faculty induction fee of \$50 must be enclosed. Make checks payable to "Emory University Lambda Nu Honor Society"***

"By my signature I hereby attest that I teach at the institution of the above chapter."

_____	_____
Signature of Applicant	Date