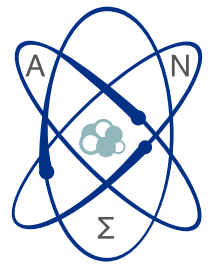


Alpha Nu Sigma National Honor Society

for Nuclear Science and Engineering



Candidate Information for Certificates of Membership

Chapter	Date of Request	Initiation Date
School		
Certificates requested are for individuals who meet the constitutional qualifications for membership and have been approved by:		
Dean of Engineering	Signature	
Alpha Nu Sigma Faculty Advisor	Signature	
Mailing Address for Certificates		
Name		
Title		
Street		
City		
State	Zip	
E-mail	Phone	

Member Contact information form on reverse side ►

Submit form to:

Alpha Nu Sigma Society
c/o American Nuclear Society
555 N. Kensington Ave.
La Grange Park, IL 60526-5592

alphanusigma@ans.org
Phone: 708-579-8209
Fax: 709-579-8283



Member				ANS ID #
Name				Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Mailing Address - School		Mailing Address - Home/Alternate		
Street		Street		
City		City		
State	Zip	State	Zip	
E-mail	Phone	E-mail	Phone	
Undergrad. <input type="checkbox"/> Graduate <input type="checkbox"/> Honor Student <input type="checkbox"/> Faculty <input type="checkbox"/>			Exp. Graduation Date	

Member				ANS ID #
Name				Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Mailing Address - School		Mailing Address - Home/Alternate		
Street		Street		
City		City		
State	Zip	State	Zip	
E-mail	Phone	E-mail	Phone	
Undergrad. <input type="checkbox"/> Graduate <input type="checkbox"/> Honor Student <input type="checkbox"/> Faculty <input type="checkbox"/>			Exp. Graduation Date	

Member				ANS ID #
Name				Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Mailing Address - School		Mailing Address - Home/Alternate		
Street		Street		
City		City		
State	Zip	State	Zip	
E-mail	Phone	E-mail	Phone	
Undergrad. <input type="checkbox"/> Graduate <input type="checkbox"/> Honor Student <input type="checkbox"/> Faculty <input type="checkbox"/>			Exp. Graduation Date	

Member				ANS ID #
Name				Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Mailing Address - School		Mailing Address - Home/Alternate		
Street		Street		
City		City		
State	Zip	State	Zip	
E-mail	Phone	E-mail	Phone	
Undergrad. <input type="checkbox"/> Graduate <input type="checkbox"/> Honor Student <input type="checkbox"/> Faculty <input type="checkbox"/>			Exp. Graduation Date	

Member				ANS ID #
Name				Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Mailing Address - School		Mailing Address - Home/Alternate		
Street		Street		
City		City		
State	Zip	State	Zip	
E-mail	Phone	E-mail	Phone	
Undergrad. <input type="checkbox"/> Graduate <input type="checkbox"/> Honor Student <input type="checkbox"/> Faculty <input type="checkbox"/>			Exp. Graduation Date	

Member				ANS ID #
Name				Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>
Mailing Address - School		Mailing Address - Home/Alternate		
Street		Street		
City		City		
State	Zip	State	Zip	
E-mail	Phone	E-mail	Phone	
Undergrad. <input type="checkbox"/> Graduate <input type="checkbox"/> Honor Student <input type="checkbox"/> Faculty <input type="checkbox"/>			Exp. Graduation Date	