



## INSTRUCTIONS

This form is to be used for ordering Certificates of Membership for all new members. Please **PRINT** or **TYPE** and make one copy. Send the original to the following address:

**W. Michael Diekman**  
**Secretary/Treasurer**  
**Alpha Nu Sigma Society**  
**c/o American Nuclear Society**  
**555 N. Kensington Avenue**  
**La Grange Park, IL 60526-5592**

Keep a copy in the Chapter files.

Print the name of the new member exactly as it is to appear on the Certificate. Use permanent address and not the school address so that summer mail will not be missed, and also to avoid address change problems.

### UGHF

Print **U** if the candidate is an Undergraduate Student; **G** if a Graduate Student; **H** if an Honor Student; and **F** if a Faculty Member.

### CLASS YEAR

Print the year expected to graduate.

### FEES

\$10.00 initiation fee exclusive of insignia pin. \$30.00 initiation fee inclusive of insignia pin. Please request order form(s) for the ANΣ Society Pin separately. Make all checks payable to the **American Nuclear Society**. Please mail all checks to:

**Lockbox # 97781**  
**American Nuclear Society**  
**97781 Eagle Way**  
**Chicago, IL 60678-9770**

### INITIATION DATE

This date will appear on membership certificates. If no date is indicated, certificate will be printed with date when New Member Form was received at ANS Headquarters.

ALPHA NU SIGMA New Member Form

Initiation Date \_\_\_\_\_ 20 \_\_\_\_\_

Please send certificates for the following, who meet CONSTITUTIONAL QUALIFICATIONS for membership and have been elected by:

Chapter \_\_\_\_\_ at \_\_\_\_\_ School

\_\_\_\_\_  
Dean of Engineering  
Signed: Alpha Nu Sigma Faculty Advisor

PLEASE READ INSTRUCTION SHEET BEFORE PROCEEDING (print or type)

UGHF      CLASS

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

E-Mail \_\_\_\_\_

UGHF      CLASS

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

E-Mail \_\_\_\_\_

UGHF      CLASS

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_