

- Nominee Information

- Academic and Employment History

- Honors, Awards, Qualifications

- Resume, Photo

- Letters of Support

- Nominated By

- Lead Nominator

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Distinguished Life Membership Nomination - Confidential

7. Honors and Awards, as applicable. Please be cognizant of document size and number of pages provided. Be sure to include the most important and prestigious honors and awards.

Choose File No file selected

8. Read carefully the qualifications for this award. Why does nominee fit the requirements? (Up to 150 words)

9. Suggested citation of not more than thirty (30) words.

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Save and Finish Later

You will also receive an email confirmation. If you do not receive the email confirmation, please contact [Christine Hoover](#).

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10. Resume/Bio/CV as appropriate may be uploaded to provide this information. Please be cognizant of document size and number of pages provided.

Choose File No file selected

11. ATTACH PHOTO OF NOMINEE:

Choose File No file selected

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SAMPLE FORM ONLY

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RECOMMENDATION LETTERS:

Append statements of at least three (3) close associates familiar with the candidate's endeavors.

12. Support Letter 1:

No file selected

13. Support Letter 2:

No file selected

14. Support Letter 3:

No file selected

15. Support Letter 4:

No file selected

16. Support Letter 5:

No file selected

SAMPLE FORM ONLY

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17. Nominations can be submitted by any of the following volunteer groups. A single nomination can be submitted jointly if desired, however, only one nominating group from the list below is necessary.

This nomination is submitted on behalf of the:

Chapter	Comittee/Council	Affiliate Society	Award Selection or Awards Policy Committee	Five ASM Members in good standing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

18. If Submitted by Five ASM Members, please provide each ASM Member's Name and Membership Number below:

	ASM Member Name:	ASM Member Number:
ASM Member 1	<input type="text"/>	<input type="text"/>
ASM Member 2	<input type="text"/>	<input type="text"/>
ASM Member 3	<input type="text"/>	<input type="text"/>
ASM Member 4	<input type="text"/>	<input type="text"/>
ASM Member 5	<input type="text"/>	<input type="text"/>

[Save and Finish Later](#)

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19. *Nominator* (person submitting the nomination): * This is the *lead nominator* who ASM will communicate with as the point of reference and contact relative to this nomination.

*Nominator First Name:

Nominator Middle Name/Initial:

*Nominator Last Name:

Suffix (Dr./Prof./Jr./Sr./PE, etc.):

ASM Member ID:

Title:

Department/Division:

Company Affiliation:

Address 1:

Address 2:

*City:

*State/Province:

Zip Code:

*Country:

*Phone Number:

*Nominator E-Mail Address:

Save and Finish Later

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SAMPLE FORM ONLY