













- 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

### 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

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

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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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### Distinguished Life Membership Nomination - Confidential

**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:

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