

## NOMINATION FOR MEMBERSHIP

Through the Committee on Qualifications and Membership Sigma Xi, The Scientific Research Society • P.O. Box 13982 Research Triangle Park, NC 27709 • 800-243-6534 • 919-549-4691 Fax: 919-549-0090 ◆ www.sigmaxi.org ◆ membership@sigmaxi.org

*Membership in Sigma Xi is by nomination.* This form may be completed by the nominator OR the nominee.

See next page for detailed information about member type and nomination requirements.

① Nominee Preferred Prefix (check): ☐ Dr. ☐ Mr.	Nominee		☐ Nominate for Associate M Member ID#:	•	☐ Promote to Full Membership		
Name of Nominee (first, middle, last)					Birth Date (1	mm/dd/yyyy)	
Employer Name	Location:	City	Governmental Health (	Employer Ty Care Manufacti	ype (check one) uring Research	Academic Industria Other	
Business Address: Department / Building / P.O. Box			Institution		Business Web Site		
Street			Business Phone (include area code)		) Cell Phone (include area code)		
City			State		Zip	Country	
E-mail			Alterr	Alternate E-mail			
Full Home Address (Parent's address if student. Students plea	se give address for nex	t 15 months.)	Phone (include area	code)	Cell Phone	e (include area code)	
City	State			Ziŗ	)	Country	
	des □ No		re/soil sciences/natural stics & computer sciences l sciences ng sciences ences and earth sciences	through gene supporters. C Xi's ability t diverse audie questions ser	is able to provide many student programs generous donations from a variety of generous donations from a variety of generous donations are based on Sigma ty to demonstrate that its programs serve a udience. Your responses to demographic serve our diverse population.  Generous Hispanic Multi-ethnic African American		
<ul> <li>□ Nominator</li> <li>□ Request that the Committee on Q as first and second nominator.</li> <li>Attach nominee's CV and move to se OR</li> <li>□ Information from an active (duesnominator follows:</li> </ul>	ction 4.	_	☐ Request that the second this nomine Attach nominee's OR ☐ Information from second nominator	ne Committee o ation. <i>CV and move to</i> om an active (do	n Qualifications o section 4.	and Membership	
Name of Nominator (first, middle, last)	me of Nominator (first, middle, last)  Member # (if known)		Name of Nominator	Name of Nominator (first, middle, last)  Member # (if known)		(if known)	
Institution	Department		Institution	stitution De		Department	
E-mail	Phone		E-mail	Phone			
Signature (if submitting electronically, not form is submitted from his/her E-mail ad		e as long as	Signature (if submitted from is submitted from			pe name as long as	
		Chapter.	☐ Request members	hip at-large (no	local chapter af	filiation).	

## NOMINATION FOR MEMBERSHIP

Through the Committee on Qualifications and Membership

## Type of Membership

Membership in Sigma Xi is by nomination and is conferred in one of two ways. While paraphrased here, the complete text of Article II, Section 3 of the Sigma Xi Constitution appears on the Sigma Xi Web site, www.sigmaxi.org/about/organization/constitution.shtml. Please indicate on the front of this form for which type of membership this nominee should be considered.

**Full Membership** is conferred upon any individual who has shown noteworthy achievement as an original investigator in a field of pure or applied science or engineering. The Committee on Qualifications and Membership generally requires at least two first-authored, refereed papers or patents, one of which can be a Ph.D. thesis. Life experience is also considered in some instances. **For nomination to Full Membership**, **either attach a CV or résumé OR provide a separate attachment with the following information:** 

- Education: Institution(s), date(s), degree(s)
- Professional Positions: Institution(s), date(s), position title(s)
- Publications: Titles, authors, dates, source(s) (journal name, thesis, etc.)

Associate Membership is available to any individual who has, through initial research achievement in a field of pure or applied science, shown an aptitude for research, as evidenced by independent investigation ordinarily resulting in a written report. Associate membership is offered to encourage young investigators with promise to continue careers in research. For nomination to Associate Membership, attach a brief statement regarding the nominee's involvement in research and potential research aptitude.

**Promotion to Full Membership** is conferred upon any individual who, previously elected as an Associate Member, now meets the requirements for Full Membership as stated above. **For promotion to Full Membership**, either attach a CV or résumé OR provide a separate attachment with the information listed under Full Membership above.

## **Nominators**

Each nominator must be an active (dues-paid) Full Member of Sigma Xi. This form may be submitted with one or two nominators. If submitted with one nominator, the Committee on Qualifications and Membership can act as the second nominator. The Committee can also act as both the first and second nominator for individuals who are not familiar with a Full Member of Sigma Xi. Nominations through the Committee should be delivered to the administrative offices: Sigma Xi, P.O. Box 13975, Research Triangle Park, NC 27709. The nominee will be contacted if additional information is needed. Results of the review will be sent via e-mail in approximately 6 to 8 weeks.

Questions? Contact the Administrative Office: membership@sigmaxi.org or 800-243-6534.