

## NOMINATION FOR MEMBERSHIP

**Through a Sigma Xi Chapter**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. Attach the Nominee's CV/ résumé.

① Nominee □ Nominate for Full Membership Preferred Prefix (check): □ Dr. □ Mr. □ Ms. □ Mrs.		Nominate for Associate Membership		☐ Promote to Full Membership  Member ID#:	
Name of Nominee (first, middle, last)		Birth Date (mm/dd/yyyy)			
Employer Name Locati	oyer Name Location		City Country Employer Type (choose one) academic, industrial, governmental, health care, manufacturing, research, other		
Business Address Department/Building/Box		Institution		Business W	leb Site
Street		Business Phone (inclu	ide area code)	Cell Phone (include area code)	
City		State		Zip	Country
E-Mail	Alternate E-Mail				
Full Home Address (Parent's address if student. Students please give address for nex	xt 15 months.)	Phone (include area o	rode)	Cell Phone	(include area code)
City State			Zip		Country
Which address should be used for Sigma Xi mailings?  Business	Primary Research Field:  agriculture/soil sciences/natural resources  mathematics & computer sciences biological sciences engineering sciences health sciences physical and earth sciences social sciences Other: Gender: Male Female		Ethnicity: Sigma Xi is able to provide many student programs through generous donations from a variety of supporters. Often, these donations are based on Sigma Xi's ability to demonstrate that its programs serve a diverse audience. Your responses to demographic questions serve our diverse population.  American Indian Hispanic Multi-ethnic Black/African American Pacific Islander Caucasian		
② Nominator	③ Second Nominator				
Must be a Full or Associate Member.		Must be a Full or Associate Member.			
Name of Nominator (first, middle, last)  Member # (if known)		Name of Nominator	first, middle, last	) Member #	(if known)
Institution Department	rution Department			Departmer	nt
E-mail Phone	Phone			Phone	
Signature (if submitting electronically, nominator may type name as long as form is submitted from his/her E-mail address)		Signature (if submitting electronically, nominator may type name as long as form is submitted from his/her E-mail address)			
<ul> <li>♣ Affiliation</li> <li>□ Request affiliation with the</li></ul>	Chapter.	☐ Request members!  Member # (i		local chapter affi	iliation).

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. This noteworthy achievement must be evidenced by publication as the primary author (defined in the manner appropriate to the discipline) on at least two different articles published in a refereed journal, patents, or refereed monographs. Dissertations and theses alone are not considered sufficient for demonstration of this achievement and must be accompanied by at least two other publications. Please see the appropriate sections of the Constitution and Bylaws for additional information. Only Full Members may nominate other candidates to the Society or vote in the annual Assembly of Delegates. In addition, only Full Members are eligible to serve on Sigma Xi committees or take office on the Board of Directors. **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 satisfy the Full Membership qualifications. Promotion review will follow the same procedure as elections. Please see the Full Membership qualifications 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 a Full or Associate Member of Sigma Xi. Nominations through a chapter should be presented to any officer of the selected chapter. To locate a chapter officer, please see the chapter listing at www.sigmaxi.org/chapters/lists/index.shtml or call the Sigma Xi administrative office at 919-549-4691 or 800-243-6534. If the form is submitted with one nominator, the chapter will provide a second nominator. If no nominators are provided, the chapter will provide both a first and second nominator. The chapter will contact the nominee if additional information is needed.

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