



Sigma Xi, The Scientific Research Society

PO Box 13975 ♦ 99 Alexander Drive ♦ Research Triangle Park, NC 27709
800-243-6534 ♦ 919-549-4691 ♦ memberinfo@sigmaxi.org ♦ www.sigmaxi.org

Nomination For Sigma Xi Membership

*You may type the information directly onto this form and forward it electronically to the appropriate individuals.
Note: To preserve the formatting of the form, we recommend that you use "typeover" mode instead of "insert."*

Nominee Profile

Preferred Prefix (check): ___ Dr. ___ Mr. ___ Ms. ___ Mrs. ___ Miss

▲ Name of Nominee (first, middle, last)

Birth Date(mm/dd/yy)

▲ Department/Building/Box

Institution

▲ Street

Phone (include area code)

Fax (include area code)

▲ City

State

Zip

Country

▲ E-Mail

▲ Full Home Address (parent's address if student)

Phone (include area code)

▲ City

State

Zip

Country

Which address should be used for Sigma Xi mailings? ___ Business ___ Home Are you a student? ___ Yes ___ No

Highest Degree (if a student, which degree are you seeking) ___ BA/BS ___ MA/MS ___ PhD/DSc ___ MD **Year:** _____

Major research field: ___ agriculture/soil science/natural resources ___ mathematics & computer sciences ___ biological sciences
___ engineering sciences ___ health sciences ___ physical & earth sciences ___ social sciences other: _____

Education

Institution

Dates From/To

Degree (include date if degree expected)

Professional Career: three most recent positions

Institution/Organization

Dates From/To

Position Title

Type Of Nomination

Individuals may be elected to membership through a Sigma Xi chapter or through the national Committee on Qualifications and Membership. Please check the appropriate box:

___ **I would like to be considered by the _____ Chapter** (submit to Chapter Officer)

Any two active, Full Members of Sigma Xi may serve as nominator and seconder on the reverse. This form should be presented to any officer of the chapter mentioned above, and that officer may act as the seconder. Your chapter officers will notify you if additional materials are required. To locate a chapter officer, consult the chapter listing on the Sigma Xi Web site or call the membership office at 800-243-6534. **Would you like to affiliate with this chapter, if elected?** ___ Yes ___ No, I prefer to be a member-at-large.

___ **I would like to be considered by the Committee on Qualifications and Membership**

Any two active, Full Members of the Society may serve as nominator and seconder. If a single nominator is included on the reverse, a member of the Committee on Qualifications and Membership may act as seconder. Send this form to the administrative office at the address above. The nominee will be contacted if additional information is required. **Would you like to affiliate with a chapter, if elected?** ___ No ___ Yes, affiliate me with _____ chapter.

Eligibility

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. Please indicate which type of membership you are nominating this individual for:

_____ **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 Associate Membership, include a brief statement here regarding the nominee's demonstrated research aptitude:

_____ **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. Please note that some chapters have additional requirements for full membership. Complete the information below.

_____ **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. Complete the information below.

For Full Membership, list the nominee's most recent, first-authored, refereed publications (a minimum of two papers required, Ph.D. thesis is acceptable) or patents. You may attach a list of publications, patents or similar supporting evidence

Title	Authors(as listed in publication or patent)	Date	Source (journal name, thesis, etc.)

Nominators

Each nominator must be an active Full Member of Sigma Xi. This form may be submitted with only one nominator, as the chapter officer or a member of the Committee on Qualifications and Membership may act as a seconder.

Individuals who are not familiar with a Full Member to act as nominator may do one of the following: (1) contact the administrative office to request the name of a nearby Full Member who would be willing to review your application, or (2) for those wishing to be considered for Full Membership only, attach a statement requesting that the Committee on Qualifications and Membership review the nomination form and act as nominator and seconder, and attach a CV or resume including the name(s) of a professional colleague who has knowledge of the nominee's research activity.

^ Name of Nominator (first, middle, last)	Member # (if known)	E-Mail
^ Employer	Position/Department	Phone
^ Signature (if submitting electronically, nominator may type name as long as form is submitted from his/her E-mail address)		Date
^ Name of Seconder (first, middle, last)	Member # (if known)	E-Mail
^ Employer	Position/Department	Phone
^ Signature		Date