

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

- See the back of this form for detailed information about member type and nomination requirements.
- Attach the Nominee's CV/ résumé OR provide the information requested on the reverse.

① Nominee

Nominate for Full Membership Nominate for Associate Membership Promote to Full Membership

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

Name of Nominee (first, middle, last)				Birth Date (mm/dd/yyyy)	
Employer Name	Location	City	Country	Employer Type (choose one) academic, industrial, governmental, health care, manufacturing, research, other	
Business Address Department/Building/Box		Institution		Business Web Site	
Street		Business Phone (include area code)		Business Fax (include area code)	
City		State	Zip	Country	
E-Mail			Alternate E-Mail		
Full Home Address (parent's address if student)				Phone (include area code)	
City		Zip	Country	State	

Which address should be used for Sigma Xi mailings?

Business Home

Is the Nominee a Student? Yes No

Highest Degree (if a student, degree you are seeking)

PhD/DSc DDS/DMD DO DVM MD

other: _____

BA/BS MA/MS

Year obtained/expected: _____

Primary research field:

agriculture/soil sciences/natural resources

mathematics & computer sciences

biological sciences

engineering sciences

health sciences

physical and earth sciences

social sciences

other: _____

② Nominator

Request that the Committee on Qualifications and Membership act as first and second nominator. *Attach nominee's CV and move to section 4.* OR

First Nominator (must be a Full Member of Sigma Xi)

Please check here if the nominator should be notified of the results of this nomination.

Name of Nominator (first, middle, last)	Member # (if known)
Institution	Department
E-mail	Phone

Signature (if submitting electronically, nominator may type name as long as form is submitted from his/her E-mail address)

③ Second Nominator

Request that a Chapter Officer or the Committee on Qualifications and Membership second this nomination. *Attach nominee's CV and move to section 4.*

OR

Information from a Full Member acting as second nominator follows:

Name of Nominator (first, middle, last)	Member # (if known)
Institution	Department
E-mail	Phone

Signature (if submitting electronically, nominator may type name as long as form is submitted from his/her E-mail address)

④ Affiliation

Request affiliation with the _____ Chapter.
(see chapter listing at www.sigmaxi.org/chapters/lists)

Request membership at-large (no local chapter affiliation).

NOMINATION FOR 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. Please note that some chapters have additional requirements for full membership. **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 only one nominator, as a chapter officer or a member of the Committee on Qualifications and Membership may act as a second nominator. 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 chapter officer or member who would be willing to review the nomination, **OR**
2. To be considered for Full Membership only, check the box in section 2 requesting that the Committee on Qualifications and Membership review the nomination form and act as nominator and second nominator, and attach a CV or résumé including the name(s) of a professional colleague who has knowledge of the nominee's research activity.

Submitting the Form

Individuals may be elected to membership through a Sigma Xi chapter or through the Sigma Xi Committee on Qualifications and Membership.

Nominations through a Chapter should be presented to any officer of the selected chapter, and that officer may act as the second nominator. Chapter officers will notify the nominee if additional materials are required. To locate a chapter officer, call the administrative office at 919-549-4691, 800-243-6534 or consult the chapter listing on the Sigma Xi Web site at www.sigmaxi.org/chapters/lists/state.shtml.

Nominations through the Committee on Qualifications and Membership should be delivered to the administrative offices at the address listed on the front of this form. If a single nominator is included on the reverse, a member of the Committee on Qualifications and Membership may act as second nominator. The nominee will be contacted if additional information is required.

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