

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
 Nominate for Associate Membership
 Promote to Full Membership

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

Member ID#: _____

Name of Nominee (first, middle, last)

Birth Date (mm/dd/yyyy)

Employer Name

Employer Type (select one): Academic
 Industry
 Government
 Health Care
 Manufacturing
 Research
 Other _____

Business Address Department/Building/Box

Institution

Position

Street

Business Phone (include 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 next 15 months.)

Phone (include area code)

Cell Phone (include area code)

City

State

Zip

Country

Which address should be used for Sigma Xi mailings?

- Business Home

Is the Nominee a Student? Yes No

Is the Nominee graduating with 6 months?

- Yes No

If yes, where is their next destination?

Is the nominee a postdoc? Yes No

Term from _____ to _____

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

- PhD/DSc DDS/DMD DO DVM MD

- BA/BS MA/MS Other _____

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 _____

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
 Asian Multi-ethnic
 Black/African American Pacific Islander
 Caucasian Other _____

Gender: Male Female Other _____

② Nominator

Must be a Full or Associate Member

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

Must be a Full or Associate Member

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
 Request membership at-large (no local chapter affiliation)

(See chapter listing at www.sigmaxi.org/chapters)

Member-Get-A-Member: Recommended by _____ Member # (if known) _____