



Nomination Form for ACA Fellows

Nomination Procedure

1. A call for nominations for ACA Fellows will be published in the winter edition of RefleXions and on the ACA website. Nominations are solicited from any member (including retired members) of the ACA.
2. Nominations can be submitted at any time to the Buffalo office. The closing date for any given year is February 28th.
3. After February 28th, current Fellows will be polled for their evaluations of all nominations submitted since March 1st of the preceding year. The new class of Fellows will be appointed by Council based on the compiled results.
4. Self-nominations will not be accepted.
5. Nominations must include the following information about the nominee:
 - Name, contact information (address, telephone number, email address), professional affiliation
 - Nominees are expected to be members of ACA in good standing. Under exceptional circumstances Council may waive this requirement.
 - Brief educational background
 - Professional history (positions, appointments, awards, honors)
 - Membership in other scientific organizations
 - Service to the ACA and crystallography
6. Nominations must include the following information about the sponsor:
 - Name, contact information (address, telephone number, email address), professional affiliation
 - Must be a current ACA member in good standing. The ACA office will confirm the sponsor's membership status.
7. In addition to that of the sponsor, two further letters of support must be included. The letters must clearly state how the nominee's research over a sustained period of time has had a significant impact on his/her field and detail how the nominee has contributed to the ACA.

NOMINEE'S NAME AND TITLE: _____

Department _____ **Company/University** _____

Street _____ **City** _____ **St/Prov** _____ **Zip/Postal Code** _____

Country _____ **E-mail** _____ **Phone** _____

Educational background: _____

Professional history: _____

Membership in other scientific organizations: _____

Service to ACA and crystallography: _____

(attach additional pages as needed)

SPONSOR'S NAME AND TITLE _____

Company/University _____ **Dept.** _____

Street _____ **City** _____ **St/Prov** _____ **Zip/Postal Code** _____

Country _____ **E-mail** _____ **Phone** _____

I am a member of the ACA: **yes** **no**

I have attached a letter of support: **yes** **no**

Two additional letters are attached: **yes** **no**