



- Nominee Information

- Academic and Employment History

- Honors, Awards, Qualifications

- Resume, Photo

- Letters of Support

- Nominated By

- Lead Nominator

[Back to ASM Awards Page](#)

Distinguished Life Membership Nomination - Confidential

SUBMIT THIS FORM BY 1 February one year prior to that in which the award is to be given to:

Chair, Award Selection Committee
ASM International
9639 Kinsman Road
Materials Park, OH 44073-0002

Criteria:

- *Normally for President or CEO of an organization
- *Devoted time to advancement of materials industries
- *Knowledge (education/experience) of the materials industries
- *Abilities (recognized by peers) in the materials industries
- *Award does not include posthumous selection
- *ASM Past Presidents are not eligible

Page 1 of 9

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SAMPLE FORM ONLY

[Back to ASM Awards Page](#)

Distinguished Life Membership Nomination - Confidential

You will need the following to complete the nomination:

1. Biography/Resume
2. Nominee Photograph
3. 3-5 Letters of Support

Once the files are uploaded, you will see a screen confirming your submission and you will receive an email confirmation.

If you do not see this screen, your submission did not go through. If the submission does not upload and transmit properly, please contact Christine.Hoover@asminternational.org.

Please be certain to furnish all relevant information: Missing data cannot be obtained elsewhere. The submitted material is the total case as it will be presented to the Awards Policy Committee. Please use additional sheets as necessary. Omissions can weaken the case of your nominee.

Page 2 of 9

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SAMPLE FORM ONLY

Distinguished Life Membership Nomination - Confidential

1. Nominee Information: * = Required Information

*Candidate First Name:

Candidate Middle Name/Initial:

*Candidate Last Name:

Suffix (Dr./Prof./Jr./Sr./PE, etc.):

Business Title:

Department/Division:

Company Affiliation:

Address 1:

Address 2:

*City:

*State/Province:

Zip Code:

*Country:

Phone Number:

E-Mail Address:

2. ASM Membership Status:

Yes the nominee is an ASM Member	No the nominee is NOT an ASM Member	I do not know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please provide if known:

Member Number (if known)	ASM Member Number (if known)
<input type="text"/>	<input type="text"/>

4. Nature of Business: (150 words or less)

Distinguished Life Membership Nomination - Confidential

5. Academic Background: (institution, major/minor, graduation year, degree/certificate)

	Institution	Major/Minor	Yr of Graduation	Degree/Certificate
Degree 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Degree 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Employment History:

	Company Name	Position Held	Years of Service
Employment History 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment History 8	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Back to ASM Awards Page](#)

Distinguished Life Membership Nomination - Confidential

7. Honors and Awards, as applicable. Please be cognizant of document size and number of pages provided. Be sure to include the most important and prestigious honors and awards.

[Choose File](#) No file selected

8. Read carefully the qualifications for this award. Why does nominee fit the requirements? (Up to 150 words)

9. Suggested citation of not more than thirty (30) words.

Page 5 of 9

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[- Nominee Information](#)[- Academic and Employment History](#)[- Honors, Awards, Qualifications](#)[- Resume, Photo](#)[- Letters of Support](#)[- Nominated By](#)[- Lead Nominator](#)[Back to ASM Awards Page](#)

Distinguished Life Membership Nomination - Confidential

10. Resume/Bio/CV as appropriate may be uploaded to provide this information. Please be cognizant of document size and number of pages provided.

[Choose File](#) No file selected

11. ATTACH PHOTO OF NOMINEE:

[Choose File](#) No file selected

Page 6 of 9

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SAMPLE FORM ONLY

Distinguished Life Membership Nomination - Confidential

RECOMMENDATION LETTERS:

Append statements of at least three (3) close associates familiar with the candidate's endeavors.

12. Support Letter 1:

[Choose File](#) No file selected

13. Support Letter 2:

[Choose File](#) No file selected

14. Support Letter 3:

[Choose File](#) No file selected

15. Support Letter 4:

[Choose File](#) No file selected

16. Support Letter 5:

[Choose File](#) No file selected

[Back to ASM Awards Page](#)

Distinguished Life Membership Nomination - Confidential

17. Nominations can be submitted by any of the following volunteer groups. A single nomination can be submitted jointly if desired, however, only one nominating group from the list below is necessary.

This nomination is submitted on behalf of the:

Chapter

Committee/Council

Affiliate Society

Award Selection or Awards Policy
Committee

Five ASM Members in good standing

☐

18. If Submitted by Five ASM Members, please provide each ASM Member's Name and Membership Number below:

ASM Member Name:

ASM Member Number:

ASM Member 1

ASM Member 2

ASM Member 3

ASM Member 4

ASM Member 5

Page 8 of 9

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[Back to ASM Awards Page](#)

Distinguished Life Membership Nomination - Confidential

19. *Nominator* (person submitting the nomination): * This is the *lead nominator* who ASM will communicate with as the point of reference and contact relative to this nomination.

*Nominator First Name:

Nominator Middle Name/Initial:

*Nominator Last Name:

Suffix (Dr./Prof./Jr./Sr./PE, etc.):

ASM Member ID:

Title:

Department/Division:

Company Affiliation:

Address 1:

Address 2:

*City:

*State/Province:

Zip Code

*Country:

*Phone Number:

*Nominator E-Mail Address:

Page 9 of 9

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