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 APRIL 1.

3. Current Fellows will be polled for their evaluations of all nominations submitted since APRIL 1 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:

Dept.__________________________ Company/Univ. __________________________
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 __________________________

Is the nominee a current member of the ACA ________________? I am a current member of the ACA __________________________

I have attached my letter of support ________________ Two additional letters of support are attached ________________

Submission: E-mail this form and all supporting papers to: kstevens@hwi.buffalo.edu Questions? Contact (716) 898-8692