STAC Membership Nomination Form

(Please discuss your potential nominations within your board or committee)

Please Note That Your Form Will Not Be Processed Until All Items Are Completed

1. STAC Board or Committee: ____________________________
2. Name of Nominee: ____________________________
3. Office Address: ____________________________

___________________________________
___________________________________

_____________________________
4. New member phone number: __________________
5. New member e-mail address: __________________
6. Currently an AMS MEMBER? YES___ NO___
7. Is he/she currently serving on a STAC Committee YES___ NO___
   (If yes, please name committee). We prefer that no one serve on more than one committee unless approved by the STAC Commissioner.

8. Desired length of term (the default is 3 years and 2 for a student member): ___

9. Briefly share why this person should be appointed to the committee and how the person will add breadth to the committee (expertise, academic vs. private vs. government, ethnic and gender diversity, young vs. senior vs. student). Also, be sure to address the requirement for each B/C to have at least one student member.

10. Finally, please attach a CV for the prospective member.

___________________________________________
SIGNED, STAC Board or Committee Chair

Date _____________________