

# SMACNA College of Fellows

## CONTRACTOR NOMINATION FOR FELLOWSHIP

### Nomination Procedures—

- A. Nominations for fellowship in the College may be prepared and submitted by:
  - 1. any two (2) Fellows of the College;
  - 2. by a majority vote of the Board of Directors of the National Association;
  - 3. by any chapter of the association by a majority vote of its Board of Directors; or
  - 4. by two past presidents of SMACNA.
- B. Nominations shall be submitted on forms available from the College and shall be signed by the sponsors.
- C. In addition, nominations require five (5) letters of endorsement attesting to the character and/or qualifications of the nominee.
- D. The Chair of the College shall determine the date that the nominations must be received for subsequent submission to the Jury of Fellows. Nominations not received by that date will be returned to the submitting parties or organizations.

Submission Date \_\_\_\_\_ Date Received \_\_\_\_\_

### PART 1 — BUSINESS/BIOGRAPHICAL DATA

1. Name of nominee \_\_\_\_\_  Active  Retired Birthday \_\_\_\_\_  
Mo/Day

2. Firm name \_\_\_\_\_

3. Nominee's current position, or if retired, position when active \_\_\_\_\_

4. Firm address - principal location \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

5. Nominee's address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

6. Spouse's name (if married) \_\_\_\_\_ Birthday \_\_\_\_\_  
First/Last Mo/Day

7. Nominee's home mail address \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

8. \_\_\_\_\_ became affiliated with the Sheet Metal and Air Conditioning Contractors'  
Nominee's Company

National Association \_\_\_\_\_ and has maintained that affiliation continuously since that time.  
Date

**Contractor  
Nomination for Fellowship  
Page 2**

9. Nominee first entered the sheet metal industry in \_\_\_\_\_ as a \_\_\_\_\_  
Year Job or Position

10. Number of national conventions nominee has attended  1-5  6-10  more than 10

**PART 2 - SERVICE TO PROFESSION**

**EMPLOYMENT - TEN YEARS AS A MEMBER FIRM OR FIRMS**

<u>Year</u>	<u>Member Firm</u>	<u>City</u>	<u>State</u>	<u>Position Duties</u>

<b>A. LOCAL CHAPTER</b>	<b>Yes</b>	<b>No</b>
Officer		
B.O.D.		
Committee		
Apprentice		
Education		
Labor		
Legislative		
Tech		
Other		
Trust		
Apprentice Fund		
Health & Welfare		
Industry Funds		
Pension		
Savings and/or Vacation		
Other		

<b>B. REGIONAL OR OTHER RELATED ACTIVITIES</b>	<b>Yes</b>	<b>No</b>
AIA Local/Nat'l		
ASHRAE Local/Regional/Nat'l		
Business Round Table Local/Nat'l		
C.S.I. Local/Regional/Nat'l		
MCAA Local/Nat'l		
NEBB Local/State/Nat'l		
State Assn.		
Other Local/State/Nat'l		

<b>C. NATIONAL</b>	<b>Yes</b>	<b>No</b>
Officer		
B.O.D.		
Committees		
Budget & Finance		
Business		
Insurance		
Legislative		
Labor		
Technical - list separately		
Other - including Task Force		
Trust		
Employee Pension		
IFUS		
International		
NTF		
National Pension		
NEMI		
SASMI		
SMOHIT		
Others		
Coalition		
Councilor		



**Contractor  
Nomination for Fellowship  
Page 4**

\_\_\_\_\_  
\_\_\_\_\_  
(Continue on separate sheet as necessary.)

**Please enclose a recent photo** (approx. 3x5).

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**PART 4 — CERTIFICATION**

(Nomination must be submitted by **a)** any two fellows of the College or **b)** by a majority of the National Board of Directors or **c)** by a majority vote of the Board of Directors of any SMACNA chapter.)

(1) The undersigned fellows of the College hereby submit this nomination:

_____ Please Print Name	_____ Please Print Name
_____ Signature	_____ Signature

Date: \_\_\_\_\_

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(2) The Board of Directors of SMACNA National hereby submits this nomination and affirms a majority vote. Attested to by:

_____ SMACNA President	_____ SMACNA Executive Vice President
_____ Signature	_____ Signature

Date: \_\_\_\_\_

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(3) The Board of Directors of \_\_\_\_\_ Chapter of SMACNA hereby submits this nomination and affirms a majority vote. Attested to by:

_____ Chapter President	_____ Other Chapter Officer
_____ Signature	_____ Signature

Date: \_\_\_\_\_

**Contractor  
Nomination for Fellowship  
Page 5**

**FOR COLLEGE USE ONLY**

**APPROVAL:** Jury of Fellows \_\_\_\_\_  
Date

Attested: \_\_\_\_\_ Chair, Jury of Fellows

Referred to and approved by the College \_\_\_\_\_  
Date

Attested: \_\_\_\_\_ Chair, College of Fellows

**REJECTED:** Jury of Fellows \_\_\_\_\_  
Date

Attested: \_\_\_\_\_ Chair, Jury of Fellows

Referred to and approved by the College \_\_\_\_\_  
Date

Attested: \_\_\_\_\_ Chair, College of Fellows