

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

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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>

A. LOCAL CHAPTER	Yes	No
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. REGIONAL OR OTHER RELATED ACTIVITIES	Yes	No
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		

C. NATIONAL	Yes	No
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		

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(Continue on separate sheet as necessary.)

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

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: _____

(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: _____

(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: _____

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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