

## NOMINATION FORM

Title _____ Name(s) _____ Nominee's Surname _____							
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Professor <input type="checkbox"/> Other _____ <span style="float: right; font-size: small;">Please specify</span>							
First Name(s) _____							
Surname _____							
<b>Date of Birth</b>	IASSID Membership Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center; padding: 2px;">Day</td><td style="text-align: center; padding: 2px;">Month</td><td style="text-align: center; padding: 2px;">Year</td></tr><tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr></table>	Day	Month	Year				
Day	Month	Year					
If the nominee is not an Individual Member of IASSID but is a member of a Member Organisation, please give name of Organisation:							
Name:	Address:						
Contact person:	Tel. <span style="margin-left: 150px;">E.mail:</span>						
Address (to which all correspondence should be sent)							
_____							
_____							
_____							
Telephone _____	Email _____						
_____							

*I declare that, to the best of my knowledge and belief, the foregoing statements are true.*

**Signed (First proposer):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed (Second proposer):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please cite work, publications and general suitability of the nominee which you as the proposer feel demonstrates a significant contribution to the field of intellectual disability.


A CV for the nominee should be attached.

Additional information attached                      Yes                       No

Membership of IASSID Interest Groups, Working Parties and contributions to IASSID


Membership of and contributions in other Professional Societies, Associations, Learned Bodies and their committees may be cited below or included in CV – if in an attached CV, state See CV.


We affirm that the statement made in this nomination process correctly represents qualification for admission to Fellowship of IASSID.

Signature of Proposer(1): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Proposer(2): \_\_\_\_\_ Date: \_\_\_\_\_