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CONFIDENTIAL Nominations due December 15. Fellows are announced in July.

TO: Chancellor of The College of Fellows of the ASA
sent via the ASA Governance Operation Manager at: melliott@appraisers.org

SUBJECT: Nomination of _____ For the Membership Grade of Fellow

DATE: _____

It is requested that the above-named Senior Member of the ASA (the Society) be considered by the College of Fellows for the grade of Fellow in accordance with the provisions of the Organizational Structure and Rules of Procedure of the College of Fellows. To assist in your consideration of this nomination, information regarding the nominee’s qualifications for membership covering the categories below is respectfully submitted as attachments to this letter.

1. Leadership. Made significant contributions while serving on, or as an officer of, the ASA Board of Governors, a discipline committee, and/or an international or special committee (or similar activities for a professional organization that merged into the ASA).
2. Volunteerism/Education, such as writing or instructing an ASA course, seminar or symposia, or been a presenter or primary organizer of ASA international or equivalent discipline conference (or similar activities for a professional organization that merged into ASA).
3. Public service to the profession in addition to the above contributions to the Society.
4. Attendance at ASA Conferences and Seminars
5. Activities within other Appraisal Societies
6. Appraisal Experience
7. Education
8. Biographical Data

I, the undersigned, acknowledge that the nomination process is to be kept confidential. The nominee will not be made aware of their nomination. No one is to be informed regarding the nomination other than those required to conduct the nomination processes. Additionally, I certify that the nominee has not personally promoted nor encouraged the submission of this nomination on their behalf. Finally, I certify that this nominee is not a family member of the undersigned, nor a member of the undersigned’s firm.

Respectfully submitted,

Signature

Printed Name

Address

City

State & Zip

Attachments