NOMINATION FOR MEMBERSHIP

Section I. Nominee Information **Date Completed:** _____

Full Name: _____ **Organization:** _____

Total Years in Industry: _____ Position**(s):** _____

Mailing Address: ☐ Business ☐ Home: Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ Email**:** _____

College Attended: _____ **Location:** _____

Major: _____**Year Graduated:** _____ **Degree:** _____

Advanced Degrees (if applicable): _____

Industry Role (Check one):
☐ Allied ☐ PCO ☐ Professional Educator ☐ Student

Section II. Qualifications (Please check appropriate membership category)
STUDENT MEMBERSHIP: The nominee is submitted based on the following qualifications:
☐ A second quarter/semester student who has completed or is enrolled in at least one entomology, biology, or chemistry course at an accredited two- or four-year institution
☐ A graduate student actively engaged in pest control studies

ACTIVE MEMBERSHIP: The nominee qualifies under one of the following:
☐ Holds an Associate's degree or higher in entomology, biology, or chemistry and is actively engaged in the pest control industry or who is an instructor/researcher employed at the college or university level in entomology, biology, or chemistry studies.
☐ Holds an Associate's degree or higher, in a field other than entomology, biology, or chemistry, with at least 5 years of active experience in the pest control industry or who is an instructor/researcher employed at the college or university level in entomology, biology, or chemistry studies. (Complete Section III)
☐ Has no college degree but has at least 10 years of pest control experience and either 5 years of state certification or has attained the ACE accreditation through the Entomological Society of America. (Complete Sections III & IV)

Section III. Letters of Recommendation: ***Required for nominees without relevant entomology or science degrees.***
Two letters from current members must describe the nominee's experience, interest in professional pest management, leadership, and accomplishments.
Letters Submitted By: *List names only if different from proposer/seconder below*:

1. _____ 2. _____

Section IV. Professional Experience: ***Required only for non-degreed nominees***
Please attach a CV, Resume, or a summary including:

Education and Advanced Training: _____
Work Experience: _____
Public Speaking and Publications: _____
Association and Committee Involvement: _____
Other Relevant Contributions: _____
Endorsement:
All nominees must have the support of two active Pi Chi Omega members.
Electronic signatures are acceptable

Proposer: _____ **Signature:** _____

Seconder: _____ **Signature:** _____

Submit completed nomination forms to: office@pichiomega.org **| Questions?** Contact the Executive Staff at 540-376-3617

Revised 01/2025