The American Society for Clinical Investigation  
Membership nomination support template

* Seconders and General Supporters who are ASCI members: use this form as a template but transfer the information to the online version through your member account.
* General Supporters who are not ASCI members: request that the Proposer of the nomination add you to the nomination and send you a pre-populated email that includes information about accessing the online version of this form. Alternatively, email this completed form to [staff@the-asci.org](mailto:staff@the-asci.org) and we will transfer the information to our database.

The nomination deadline is September 30, 2022.

Refer to <https://the-asci.org/?p=5651> for complete nomination guidance.

Questions? Contact the ASCI by email, [staff@the-asci.org](mailto:staff@the-asci.org), or phone, 734-222-6050.

**-----------------------------------------------------**

**Nominee’s name: [insert name]**

**Supporter information:**

Name: **[insert]**

Institution: **[insert]**

Address: **[insert]**

Email: **[insert]**

**Scoring:** Relative to others at a comparable career stage, provide a score for the nominee in each area below, as follows:

1 = Outstanding (upper 5%)

1.5 = Excellent (upper 6-20%)  
2 - 2.5 = Very good (upper 21-40%)  
3 - 3.5 = Good (middle 41-60%)  
4 - 5 = Fair (lower 40%)

Originality/quality of research Score: \_\_\_\_

Consistency and importance of theme Score: \_\_\_\_

Independence Score: \_\_\_\_

Productivity Score: \_\_\_\_

Impact on and stature in the field Score: \_\_\_\_

**Comments:** Discuss the nominee’s seminal contribution(s) and your basis for supporting this nomination.

**[Insert text here: 500-word limit for Seconders, 250-word limit for General Supporters]**

**Relationship to Nominee:**

**[Insert text here – 50-word limit]**