



# 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:

☐ Level 1: Holds an advanced degree in entomology and is engaged in teaching, research, or a professional role at the university level.

☐ Level 2: Holds an advanced degree beyond a bachelor's in entomology, biology, or chemistry and is actively engaged in the pest control industry.

☐ Level 3: Holds a bachelor's or advanced degree (in a field other than entomology, biology, or chemistry), with at least 5 years of active experience in the pest control industry. *(Complete Section III)*

☐ Level 4: 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 BCE or 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*

## Section V. Pi Chi Omega Member Sponsors: *Required for all nominees*

Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconder: \_\_\_\_\_ Signature: \_\_\_\_\_

Submit completed nomination forms to:  [office@pichiomega.org](mailto:office@pichiomega.org)

 Questions? Contact the Executive Staff at 540-376-3617