

Nomination Form

Eligibility for Fellows Consideration:

* Membership in NIRI for a minimum of ten years
* Open to all members including corporate, counselor, service provider, academic, and retired members
* Nominations will be evaluated based upon:
  + Individual and organizational performance as an IR professional
  + Involvement within the IR community
  + Leadership in the IR community and among peers
  + Integrity/ethics/respect for others and the profession
  + Innovation/advancement of/within the profession

Fellows Selection Process:

* Nominations are accepted from NIRI members and staff; members may also self-nominate
* Complete and send this form via email by January 31 to Mike McGough, NIRI Board Secretary, at [mmcgough@niri.org](mailto:mmcgough@niri.org) – you may include attachments and up to two letters of reference
* The Fellows Selection Committee selects the class of new NIRI Fellows based on criteria above
* The NIRI Board must approve all Fellows candidates proposed by the Fellows Selection Committee at the March Board Meeting
* NIRI Fellows are recognized at the NIRI Annual Conference in June

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| 1. Name of Nominee |  |
| 2. Title |  |
| 3. Company |  |
| 4. City, State |  |
| 5. Please outline this nominee’s individual and organizational performance as an IR professional (you may also attach a bio or resume). |  |
| 6. Describe the nominee’s involvement within the IR community. |  |
| 7. Describe the nominee’s leadership in the IR community and among peers. |  |
| 8. Please outline the nominee’s integrity, ethics, and respect for others in the profession. |  |
| 9. Please describe the nominee’s innovation of or advancement within the profession. |  |
| 10. Why do you recommend this person for consideration as a NIRI Fellow? You may also include up to two letters of reference. |  |
| 17. Is this person aware that they are expected to attend a recognition program during the NIRI Annual Conference if selected as a NIRI Fellow? |  |

Nominating Information:

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| Name, Title, Company |  |
| NIRI Chapter or Board responsibility (if any) |  |
| Your telephone and email |  |
| Date submitted: |  |