



Nomination Form CSI Fellowship

Please complete the Fellowship submission template: [CSI Fellowship](#) to provide all requested information as well as a detailed narrative, including actions and impacts, for this nomination.

NOMINEE:

(This is the person being nominated for the award.)

First Name *

Last Name *

Home Chapter: *

Home Street Address *

Home Address Line 2

Home City *

Home State *

Home Zip Code *

Cell Phone Number *

Email Address *

Principal Occupation

If retired, state former principal occupation and date of retirement

*

Company/Business *

Company/Business Street Address *

Company/Business Address Line 2

Company/Business City

Company/Business State *

Company/Business Zip Code *

Company/Business Phone Number *

NOMINATOR:

(This is the person primarily responsible for the preparation of the form and who can answer questions about the nomination.)

For Reference Purposes Only

First Name *

Last Name *

Home Chapter *

Street Address *

Address Line 2

City *

State *

Zip Code *

Cell Phone Number *

Email Address *

Please add description of distinguished service performed; no more than 100 words:

0/110 words

SOURCE OF NOMINATION

FOR NOMINATION BY A CHAPTER:

This Chapter, at a regularly held meeting, nominated the individual named above for Fellowship. We certify that the requirements as documented in the CSI Bylaws and further explained in the Honors & Awards Guide have been met.

Chapter Name:

Meeting Date:

"Whereas this Chapter believes this nominee has performed distinguished service to the construction industry, we, therefore, resolve that our chapter does hereby nominate this individual for Fellowship in CSI, and the President and Secretary of the chapter are hereby authorized and directed to prepare the nomination submission package and forward it to the CSI National and to do all things proper to forward this nomination."

The nominee's qualifications for Distinguished or Honorary Membership are included in the submission package attached to this form.

Please add the name, email address, and telephone of the Chapter President and Secretary:

	Member Name	Email	Cell Phone
President	<input type="text"/>	<input type="text"/>	<input type="text"/>
Secretary	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR NOMINATION BY FIVE INDIVIDUAL MEMBERS

We certify that the requirements as required in CSI's Bylaws and further explained in the Honors & Award Guide have been met. We thus put forth the following resolution:

"Whereas, this Group of Five (5) Members believes the individual named in this submission has performed distinguished service to the construction industry. We, therefore, resolve that we hereby nominate the individual named in this application for Fellowship in CSI, and we hereby authorize and direct the Nominator named in this application to prepare the nomination submission package and forward it to CSI."

The nominee's qualifications for Fellowship are included in the submission package attached to this form.

If the nomination is being made by 5 CSI members, the first member is the Nominator listed above. Please add the name, home chapter, and email address of the subsequent 4 members below.

	Member Name	Home Chapter	Email
Second Member	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Member	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fourth Member	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fifth Member	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOMINATION FOR FELLOWSHIP

Nominee Declaration and Voluntary Background Check

I certify and declare that the information contained in this form is complete, true, and accurate. I acknowledge that falsification or omission of information may result in my immediate disqualification from being nominated for Fellowship.

In consideration of CSI's review of my nomination, I hereby voluntarily consent to and authorize CSI, and its designated agent to conduct a comprehensive review of my background to be generated for the purposes of my application for nomination for Fellowship. I agree that this report may include any or similar reports on the following:

- Employment, Education, Credential Verification
- Personal Identity Verification, Past Employment Verification, Reference Checks
- Criminal Records and Civil Cases
- Character, General Reputation

I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation, or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution, or other persons having personal knowledge of me to furnish CSI or its designated agents with any and all information in their possession regarding me in connection with an application for nomination for Fellowship.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to CSI or its authorized agents. I hereby release CSI, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

If it is determined that I have specific prescribed rights under the federal Fair Credit Reporting Act, any other federal law pertaining to consumer credit, or relevant state law, then I will be accorded whatever rights I may have under applicable federal and/or state law or other countries. Upon my written request, CSI will provide me with additional information as to the nature and scope of the report, if one is made, in

the event the report contains information regarding my character or general reputation which information CSI relies on to take any adverse action against me.

To avoid risk, you will be contacted by a CSI staff member to obtain further information necessary to conduct an investigative report, such as Social Security or Passport Number.

I agree. *

Empty text input field with a horizontal line at the bottom.

clear

▲ 3 / 4 ▼

NOMINATION SUBMISSION PACKAGE

Please complete the Fellowship submission template, found here: [CSI Fellowship](#). Provide all requested information as well as a detailed narrative, including actions and impacts, for this nomination. Save as a PDF and upload the entire package here: *

Choose File No file chosen

Powered by formsite

Cancel

Update

For Reference Purposes Only