



International Association  
for the Scientific Study  
of Intellectual Disabilities

## NOMINATION FOR FELLOW STATUS IASSID

Title: \_\_\_\_\_ Name(s) \_\_\_\_\_ Surname: \_\_\_\_\_

Mr. [ ] Mrs. [ ] Miss [ ] Ms. [ ] Dr. [ ] Professor [ ] Other \_\_\_\_\_

Date of birth: \_\_\_\_\_

IASSID Individual Membership Number: \_\_\_\_\_

If the nominee is not an Individual Member of IASSID but is a member of a Member Organisation, please give name of Organisation:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Address to which all correspondence should be sent: \_\_\_\_\_

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Tel: \_\_\_\_\_ Email: \_\_\_\_\_

\* Proposers must be:

- A member of a Member Organisation.
- A member of a research Centre.
- An Individual Member.
- A member of SIRG.

Please state which \_\_\_\_\_ If Individual Member give membership no:

\* A proposer's membership must be valid at the time of nomination.

Please cite work, publications and general suitability of the nominee which you as the proposer feel demonstrates a significant contribution to the field of intellectual disability.

A CV for the nominee should be attached.

Additional information attached. Yes [ ] No [ ]

Membership of IASSID Interest Groups, Working Parties and contributions to IASSID.

Membership of and contributions in other Professional Societies, Associations, Learned Bodies and their committees may be cited below or included in CV – if in an attached CV, state see CV.

We affirm that the statements made in this nomination process meet the criteria of the IASSID Fellow Status Procedure.

Signature of Proposer (1) \_\_\_\_\_ date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ IASSID Membership category: \_\_\_\_\_

Signature of Proposer (2) \_\_\_\_\_ date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ IASSID Membership category: \_\_\_\_\_