

MEMBER NOMINATION FORM

Nominations are collected on a rolling basis each year, to confirm if your candidate will be nominated this year please email Member Services at memberservices@nasi.org.

FULL NAME OF NOMINEE: AFFILIATION:		
TITLE:	 E-MAIL:	
PHONE:		
ADDRESS:		
AREA(s) OF EXPERTISE: (Please ch Medicare	neck all that apply or indicate other area o Workers' Compensation	of expertise) Poverty & Income
Health Policy	Workforce Issues and	Assistance
Other Health Coverage	Employee Benefits	Other:
Long-Term Care	Unemployment Insurance	
Social Security	International/Comparative	
Disability	Social Insurance	
	Phone:	
Affiliation:	Email:	
Signature	D	ate:
CO-NOMINATORS:		
Name:	Phone:	
Affiliation:	Email:	
*Signature		Date:
Namo	Phono	
	Phone:	
Attiliation:	Email:	
*Signature		Date:

^{*}An e-mail confirmation sent to Member Services at memberservices@nasi.org can be substituted for a physical signature.



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How does this nominee fit the criteria for membership in the Academy? Feel free to respond on an attached sheet. Please remember to enclose a biographical sketch or vitae for the individual (1-10 pages). The Academy seeks members who:

 Demonstrate a sustained interest in social insurance and/or related fields. Social insurance includes broad- based systems for insuring workers and their families against economic insecurity caused by loss of income from work or the cost of health care. The Academy's scope includes such social insurance systems as Social Security, unemployment insurance, workers' compensation, Medicare and related social assistance and private employee benefits.
THIS NOMINEE:
Distinguish themselves by improving the quality of research, teaching, policy making, administration or financing of the systems mentioned above.
THIS NOMINEE:
 Are supportive of and willing to contribute to the Academy's goals of furthering public education, developing new leaders, promoting research, and providing forums for discussion among experts, stake-holders, policy makers, and administrators in the field.
THIS NOMINEE:

Your responses to the questions above may be submitted on a separate sheet. *Please attach a curriculum vitae, resume, or professional bio of your nominee.* Email your completed nomination packet to **Member Services** (memberservices@nasi.org).