



Nomination for an AIAST Fellowship

*There are six pages to this application. Please do not use additional pages.
Eight (8) copies of this nomination must be submitted. Please attach a portrait photograph of the nominee.*

***Nominations are to be received at National Office
by Close of Business on Friday 26th February 2010***

NOMINEE DETAILS

TITLE: _____ **GIVEN NAMES:** _____

SURNAME: _____

ADDRESS: _____

_____ **POSTCODE:** _____

DOB: _____ **TEL:** _____ **FAX:** _____

DECLARATION:

We the undersigned being full financial members of the AIAST do nominate _____
_____ for the AIAST Fellowship Award.

NAME (in full)

SIGNATURE

SIGNED: _____
Division President

DATE: _____

ACADEMIC RECORD:

| Institution | Location | Degree/Diploma | Date |
|-------------|----------|----------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OTHER AWARDS:

| Award | Awarded By | Date |
|-------|------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

POSITIONS HELD:

| Position | Date |
|----------|-------|
| _____ | _____ |
| _____ | _____ |
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