

ACJS NOMINATION FORM

PLEASE USE A SEPARATE FORM FOR EACH NOMINATION YOU WISH TO MAKE.

Nominee's Name: _____

Nominee's Complete Mailing Address: _____

Nominee's E-mail Address: _____

Nominee's Office Phone Number: _____

Nominee's Home Phone Number: _____

Nominated for the Office of: _____

Per ACJS policy 303.01, adopted in 1995, the following rank-ordered criteria will be used by the Nominations and Elections Committee in making recommendations to the ACJS Executive Board regarding the final slate of candidates.

1. Dependability, demonstrated experience, record of accomplishment
2. Demonstrable service to the Academy
3. Demonstrable record of scholarship or contributions to the field of criminal justice

ACJS policy (104.01) states its goal of inclusivity. ACJS seeks to provide opportunities for all its members to participate in the business of the Academy.

Qualifications of nominee for the office: (may be continued on a separate sheet or placed on separate pages)

By submitting this nomination, I certify that I have contacted the person I am nominating and he/she is willing to run for the office listed above and meets the qualifications for the office being sought.

PERSON MAKING NOMINATION

Name: _____

Address: _____

Phone: _____

Email: _____