**Φ T Σ**   
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## Phi Tau Sigma

**http://phitausigma.org**

**ΦTΣ Honor Society Nomination for Membership Form**

The purpose of this form is to gather the information needed to complete the online nomination form.

*Directions:*

* *If you are the* ***nominator****, provide this nomination form to your nominee to complete. You can have them submit their information via the online form or you can do so on their behalf.* Ensure that the names and emails of both nominators are included in the nomination form. [*https://phitausigma.app.neoncrm.com/forms/member-nomination*](https://phitausigma.app.neoncrm.com/forms/member-nomination)
* *If you are the* ***nominee****, ensure that you have 2 nominators who will approve your nomination and include their names and emails in your submission. The nominators need to be Phi Tau Sigma members in good standing.*
* *Not all fields are required. Note the directions for student vs professional member nomination requirements. \*fields are required by everyone.*
* *If you have questions, please email* [*membershipnomination@phitausigma.org*](mailto:membershipnomination@phitausigma.org)

**Section One: Nominee Contact Information**

Are you the\* \_\_\_\_Nominator or the \_\_\_\_Nominee

Type of Nomination\*: \_\_\_\_\_Student \_\_\_\_\_\_Professional \_\_\_\_\_ Retired \_\_\_\_\_Other

Nominee Name\*: (first, middle, last name):

Nominee name as it should appear on the membership certificate:

Primary Email\*: Secondary Email:

Primary Phone\*: Secondary Phone:

LinkedIn Address:

Other social media address (such as Google Scholar Page):

**Nominee Address**\*

Primary Address 1\*:

Address 2:

City\*: State / Province\*:

Zip / Postal Code\*: Country\*:

**Secondary Address 1**\*:

Address 2:

City\*: State / Province\*:

Zip / Postal Code\*: Country\*:

**Permanent Address** (if different than primary address):

Address 2:

City: State / Province:

Zip / Postal Code: Country:

**Nominator Contact Information**

*Nominators must be current members of Phi Tau Sigma. Nominators will be notified when the nomination form is submitted and each nominator must approve the submission.*

Nominator 1 Name\*: Nominator 1 Email\*:

Nominator 2 Name\*: Nominator 2 Email\*

*The “Other Contact” name and email address should be for the Chapter Advisor, President, representative, or other individual, who will also be notified of the outcome of the Membership Qualifications & Evaluation Committee review. If the nominee is not affiliated with a local chapter, this field can be left blank.*

Other Contact Name: Other Contact Email:

**Section Two: Education and Experience**

*Student nominees should be pursuing a degree program in food science or equivalent, and have a current overall degree Grade Point Average (GPA) equal to or greater than 3.5 out of 4.0, or equivalent.*

*Student nominees should be pursuing a degree in Food Science, or a closely related field, and have completed at least one course in each of the three core areas of study:*

1. *Food Chemistry & Analysis*
2. *Food Safety & Microbiology*
3. *Food Processing & Engineering*

*Graduate students without an undergraduate degree in Food Science or allied field should not be nominated until the student has completed at least two semesters or four quarters of the graduate program.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Major or field | Institution | Date completed | or | Date expected |
| Bachelors\* |  |  |  |  |  |
| Masters |  |  |  |  |  |
| Ph.D. |  |  |  |  |  |

**Credits and courses**-- *Optional for Professional nominees. Student nominees for membership should indicate the number of credits completed toward the degree and the total credit requirement*

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Credits required in degree program | Credits completed | GPA (3.5 minimum) |
| Bachelors\* |  |  |  |
| Masters |  |  |  |
| Ph.D. |  |  |  |

\*This B.S. degree curriculum is approved by IFT or by IUoFST- 🞏 Yes 🞏 No 🞏 Unknown

**Food science and technology courses**- **optional for Professional** nominee. *Indicate core courses taken as a graduate student with an \**

Name of course: Credits: Grade:

Food Chemistry and Analysis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Food Safety and Microbiology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Food Processing and Engineering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Course description if necessary:

**Professional experience**- **optional for Student Nominees**

*Nominated Professionals must be employed in a position directly related to Food Science and/or Technology, or Allied field, in industry, government, non-profit, trade association, private practice, or academic institution.*

Employment Status: Employed, Student, Retired, Unemployed, Volunteer (choose one)

*Identify most recent position first.*

Position 1: Company Name l Dates Employed l Job Title l Responsibilities

Position 2: Company Name l Dates Employed l Job Title l Responsibilities

Position 3: Company Name l Dates Employed l Job Title l Responsibilities

**Section Three: Activities and Recognition**

Professional and scientific society memberships\* (I=International, N=National, L=Local):

Elected offices, leadership or professional activities\*:

Awards, recognition, and publications**\*-** *(List items that distinguish the nominee. Cite patents, inventions, products, papers or posters and indicate if commercialized, published, or submitted):*

**Section Four: Statement of Qualifications**

*250 words or less on why the nominee is qualified to become a Phi Tau Sigma member. Statements should be written in the third-person.*

*Student nominees should focus on recognitions, honors and other academic achievements.*

*Professional nominees should demonstrate the relationship of recognitions, honors, and other achievements surrounding their professional achievements.*

*If you have any questions, please email membershipnominations@phitausigma.org*