Proposed Committee: _____ **Date:** _____

ENDORSEMENT FORM

(Please use this form to endorse a candidate only)

CANDIDATE'S NAME: _____
First **Middle** **Last**

CANDIDATE'S INSTITUTION: _____

NAME: _____
First **Middle** **Last**

POSITION/TITLE: _____

INSTITUTION: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

Are You An APS Member? ☐ **Yes** ☐ **No**

Affiliation With Candidate:

Ability of Candidate to Carry Out Committee Responsibilities:

Comment on any special qualifications that might help the Committee on Committees in its selection process:

PLEASE EMAIL COMPLETED FORM TO:

American Physiological Society
nominations@the-aps.org
Please keep a copy of this form for your records