



EPSILON SIGMA PHI



Membership Nomination Alpha Beta Chapter

Name of Nominee: _____ Title: _____

Address: _____ City: _____ Zip: _____ County _____

Phone _____ E-mail Address _____ District _____

Please fill in all the blanks giving a description of the nominee's characteristics and qualifications.

Attitude toward fellow Extension employees: _____

2. Competency in assigned responsibilities: _____

3. Dedication to Extension principles and purposes: _____

4. Length of Extension employment: _____

5. Professional education background: _____

6. Professional improvement since last degree earned: _____

7. Membership in other professional societies, office held, etc.: _____

8. Awards, honors, and special recognitions received: _____

9. Other examples of competency, attitude, dedication, etc.: _____

Signatures of members submitting nomination:

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

Signatures must be from individuals located in three different counties or state staff departments.

Approved: _____ Date _____

(President, Alpha Beta Chapter)