# Fellows of the American Institute of Certified Planners – Class of 2024

**Candidate’s Full Name**:

**Candidate’s Title/Employer**:

**Candidate’s Phone/Email**:

Describe why the candidate should be considered for Chapter nomination endorsement. In addition, please attach candidate’s resume. Use additional sheets if necessary.

List candidate’s engagement with the American Planning Association (state and/or national), including position(s) and date(s) for leadership roles. Use additional sheets if necessary.

**Candidate’s Advocate**:

**Phone**:

**Email**:

*Form adapted from Virginia Chapter of the American Planning Association.*