



NOMINATION FORM

To effectively select potential candidates, this form must be completed (TYPED ONLY), in detail, and sent to the address below. The more information you supply, the better the person's chance of being selected. Active members may nominate one career achievement candidate and one legacy candidate each calendar year.

NOMINEE'S PERSONAL DATA

NAME: _____

AIR NAME (if applicable): _____

POSITION (s): _____

ADDRESS: CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____ DOB: ____/____/____

PLACE OF BIRTH: _____

DECEASED? DATE OF DEATH: ____/____/____ PLACE: _____

COLLEGE (s)/OTHER SCHOOLS ATTENDED: _____

YEARS: _____ MAJOR (s): _____ YR GRADUATED: _____

FAMILY CONTACT: _____ **RELATIONSHIP:** _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE NUMBER (s): _____

EMAIL: _____

please turn over

PAGE 2

STILL WORKING IN RADIO? CALL LETTERS: _____

POSITION: _____ SINCE: _____

IF NO LONGER IN RADIO, LAST STATION: _____

CITY: _____ POSITION: _____

FIRST STATION: _____ MARKET: _____

POSITION: _____

RELATIVES IN RADIO:

NAME(s): _____

STATION(s): _____

PHONE: _____ EMAIL: _____

**WHY THIS PERSON SHOULD BE CONSIDERED FOR
INDUCTION (25 WORDS OR LESS)**

**NOMINATIONS MUST BE ACCOMPANIED BY A NON RETURNABLE
5x7 PHOTO**

YOUR NAME: _____ DATE: _____

**Send to:
Georgia Radio Hall of Fame - PO Box 3459 - LaGrange, Ga., 30240**