

NOMINATION FORM

To effectively select potential candidates, this form must be completed, in detail, and sent to the address below. Handwritten or typed is acceptable.

The more information you supply, the better the person's chance of being selected.
The deadline for submissions for a calendar year is April 1st.

NOMINEE'S PERSONAL DATA

NAME: _____

AIR NAME (if applicable): _____ RADIO JOB: _____

ADDRESS: CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ WORK: _____

EMAIL: _____

DOB: ____/____/____ PLACE OF BIRTH: _____

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

STILL WORKING IN RADIO [] ? CALL LETTERS: _____ JOB: _____

LAST STATION: _____ CITY: _____ JOB: _____

FIRST STATION: _____ MARKET: _____ JOB: _____

COLLEGE (s) ATTENDED: _____

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

RADIO AWARDS/HONORS: _____

FAMILY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

RELATIVES IN RADIO: _____

PLEASE USE THE REVERSE SIDE OF THIS FORM TO TELL US WHY THIS PERSON SHOULD BE CONSIDERED AS A CANDIDATE FOR INDUCTION. **PHOTOS ARE REQUIRED WITH NOMINATION.**

YOUR NAME: _____ DATE: _____

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