

NMPRA Hall of Fame

Nomination Form

Nominee name: _____

Nominee is : Living Deceased

Contact information for the nominee or, if deceased, suggested representative of nominee

Contact name: _____

Relationship to nominee: _____

Contact phone: _____

Contact email: _____

Contact Address: _____

City: _____

State: _____

Zip: _____

Basis for nomination, with consideration of criteria:

In 500 words or less, please summarize the outstanding contributions and achievements of the nominee. (Add space as needed if submitting electronically. Attach page(s) if submitting hard copy nomination.)

References:

Please provide a minimum of three people familiar with the nominee and his/her achievements who are supportive of this nomination. For each, include name, relationship to nominee (if any), organizational affiliation (if applicable), their phone and/or email

Nomination submitted by:

Contact name: _____

Contact phone: _____

Contact email: _____

Contact Address: _____

City: _____

State: _____

Zip: _____