



# THE NYSBA HALL OF FAME NOMINATION FORM 2025

(PLEASE PRINT)

1. **Nominee's Name:** \_\_\_\_\_

(Please circle)          Living or Deceased

2. **Affiliation:** \_\_\_\_\_

(Nominee's employer, residence, phone #, email, etc.)

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3. **Reason for nomination** - fifty (50) words or less (additional materials may be attached):

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4. **Submitted by:** \_\_\_\_\_

Station(s): \_\_\_\_\_

Contact phone & email: \_\_\_\_\_

**PLEASE scan and email to: [sandy@nysbroadcasters.org](mailto:sandy@nysbroadcasters.org) or FAX (518)456-8943**

**Deadline: March 31, 2025**

Decision of the NYSBA Selection Committee is final.