



THE NYSBA HALL OF FAME NOMINATION FORM 2019

Please print

1. Nominee's Name: _____

(Please circle) Living or Deceased

2. Affiliation: _____

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

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

Submitted by: _____

Station(s): _____

Contact phone & email: _____

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

DEADLINE May 20, 2019!

Decision of the Selection Committee is final.