



## NOMINATION FORM WTA TRAPPERS HALL OF FAME

An inductee in the Wisconsin Trappers Association Trappers Hall of Fame is of the highest honor that can be bestowed on those that have given unselfishly of themselves to help protect and preserve the heritage of trapping – a memorial for all time. This application plus other requested information must be received no later than January 1<sup>st</sup> in order to be considered by the Trappers Hall of Fame Committee at the next annual fall WTA Convention. The nominated are announced at the Spring meeting.

This form may be reproduced. Limit of one nomination form per envelope.

Full Name of Nominee \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Accomplishments: On a separate sheet of paper it is very important to furnish as much detailed information as possible of the following suggestions.

1. Contributions to local, district, state and national organizations. Include information on organizations belonged to, offices held, committees served on, etc.
2. Contributions to trapper education, including information such as articles and books written for publication, etc.
3. Contributions to the trapping field.
4. Achievements and accomplishments made in the trapping field.
5. Areas worked geographically.
6. True anecdotes and accomplishments made in the trapping field.
7. Family information, including ancestors and descendants.
8. Submit photograph if available. (Photograph will be returned)
9. A brief life story of the nominee.

Single applications without the additional information requested will be returned to sender for further information. Photocopies of previous nominations that have already been received by the WTA will not be considered. They will be returned to sender with a request for new information.

Nomination Submitted By \_\_\_\_\_  
Signature \_\_\_\_\_  
I am a member of the Wisconsin Trappers Association. \_\_\_\_ YES \_\_\_\_ NO  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_

Thank you for submitting this application and all other requested information. These will be carefully reviewed based on the information submitted by an impartial selection process of the WTA Trappers Hall of Fame Committee.

***Return application to:***

***Chris Bezio***

***Hall of Fame Chair***

***5479 Hawthorne Dr***

***Pulaski, WI 54162***

***Email [cbezio@msn.com](mailto:cbezio@msn.com) 920-822-3427***