## WEST VIRGINIA PUBLIC HEALTH ASSOCIATION HALL OF FAME

## NOMINATION FORM

	Address(if living):_				
	Phone:	Birth date:		Birthplace:	
	Contact personifdece (Please mar		_ Son:	Daughter:	Other:
	Name:				
	Address:				
	DateNomineeDe	eceased:			
2.	Approximate years of ac	tive publichealth service:			
3.	Explain briefly the cont withan asterisk (*) whi Elaborate on separate sh	ich contributions are co			

5.	. Awards: List West Virginia awards, honors or citations; national awards, honors or citations; and industry awards, honors or citations.				
6.	Background (education, family, previous occupation, etc.)				

Indicate the persona	al traits which distinguish thisperson as outstanding among their peers.
If your nominee is a PublicHealthAwa	not chosen for the Hall of Fame Award, would you like them to be considered ford?Yes No (please mark onebox)
I certify the above	statements are true and accurate to the best of my knowledge.
Name	, ,
Name	(Print or type)
Address	
Organization	
Organization	
Organization Phone	

## (Additional pages may be added if necessary)

Please submit nomination forms by **June 27** to:

West Virginia Public Health Association Awards Committee P.O. Box 11635 Charleston, WV 25339-1635

All information will be kept strictly confidential prior to the Thursday evening awards banquet.