



## **NOMINATING FORM**

### **Basic Hall Of Fame Requirements (After 1960)**

1. Can be a living nominee or posthumous.
2. Have at least 10 years in the broadcast industry.
3. Lived at least 5 years in the Dayton area while in the broadcast industry.
4. Person nominating must speak and address how the nominee has contributed to the community.
5. Nominee does not have to be living in the Dayton community at the time of nomination.

### **Basic Hall Of Fame Requirements (Prior to 1960)**

1. Can be a living nominee or posthumous.
2. No limitation on tenure in the broadcast industry.
3. Person nominating must speak and address how the nominee has contributed to the community.
4. Nominee does not have to be living in the Dayton community at the time of nomination.

Please send nominating forms to:

**Dayton Area Broadcasters Hall Of Fame  
P. O. Box 733  
Dayton, Ohio 45409**

Any questions, please contact Jim Johnson, WDAO Radio at (937) 222-9326

**Dayton Area Broadcasters Hall of Fame  
Nomination Form**

Nominee's Full Name: \_\_\_\_\_

Broadcast Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

List stations where nominee worked, position held, years & dates:

Other Contacts: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **Dayton Area Broadcasters Hall of Fame Nominee Biography**

Please give us a brief biography of the nominee's broadcasting experience and his/her contributions to the field of broadcasting and contributions to the community (public service, community or church work, etc.). Please tell us if the nominee is still active in broadcasting, retired, etc. Upon notification of approval, a past or present photograph of the nominee is requested.

I submit the information herein as true and accurate to the best of my knowledge.

Nominator's Signature	Date	Print Full Name
_____	_____	_____

Relation to nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Broadcast Membership Number: \_\_\_\_\_

OFFICE USE:

Approvals: \_\_\_\_\_ Date: \_\_\_\_\_

Nominating Committee Persons:

Date: