

**FLORIDA AVIATION HALL OF FAME
NOMINEE DATA SHEET**
(RETURN TO FAHOF CHAIRMAN ALONG WITH NOMINATION PACKAGE)

NOMINEE DATA

NOMINEE'S FULL NAME _____

NOMINEE'S CURRENT ADDRESS (If living) _____

PHONE NUMBER _____

BIRTH DATE _____ DEATH DATE _____

NOMINEE'S FAMILY DATA

(If nominee is deceased)

FAMILY CONTACT _____

ADDRESS _____

PHONE NUMBER _____

INFORMATION ON INDIVIDUAL MAKING THE NOMINATION

FAHS MEMBER NAME (Please Print) _____

FAHS MEMBER SIGNATURE _____

ADDRESS _____

PHONE NUMBER _____ DATE _____

RELATIONSHIP OR ASSOCIATION WITH THE NOMINEE (if any):

NOMINEE'S FIELD OF ACHIEVEMENT (circle as many as applicable):

Pilot	Inventor	Scientist
Research	Engineering	Military
Management	Civilian	Other _____

For FAHOF Use Only: Notes _____ Date Received _____
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