

Hall of Fame Nomination

Form to be completed by nominating party and signed by all necessary officials. A 4x6 photo (not digital) must be attached to this form to be accepted by the committee. Photo needs to be a head shot free of a busy background.

Name of Nominee						
Name of Nominating party _					-	
Address of Nominating party	/:					
City	_State	_ Zip	Pho	one		
Home Club		Region				
This nomination is being pre induction to the Quarter Mid By signing we state that to t	dget Hal/ of Fam	ne and have	e met the qualifica	tions listed	in the guide	elines and timeline
Signature of Club President			Signature of Clu	b Vice Presid	dent	
Printed Name & Phone Number			Printed Name & Phone Number			
Signature Of nominating par	ty		Date			

Supporting materials must be provided in typed form only. Submit by attaching to this form. Form and supporting documents must be sent to the OMA National HOF Committee Chairperson & QMA National Office. U.S. postmark no later than November 1st of each year: Send to Karen Edmiston 13535 N 155E Ave. Collinsville, OK 74021 And a copy (no photos) to: OMA National Office, PO Box 629, Auburn, WA 98071

Number of pages attached_____