



# Historical Society of Mount Airy

Mount Airy, Maryland

## Mount Airy Hall of Fame Nomination Form

Nominee's Name: Address (if living): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of nearest relative (if nominee is deceased): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Nominee's Date Birth (if known): \_\_\_\_\_

Nominee's Date of Death (if applicable and known): \_\_\_\_\_

Contribution to Town: (Please explain why you believe this person is deserving of consideration.)

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Submitter's Name/Organization: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_