

NHPA ARCH STOKES NOMINATION FORM

(Please type or print)

NOMINEE INFORMATION

Name _____ Birthdate _____

(If deceased fill in date of death _____. You may omit phone and address and fill in only the state where the nominee resided while living.)

Mailing Address _____ Phone # _____

City _____ State _____ Zip Code _____

REASON FOR NOMINATION:

FAMILY DATA (A brief personal history including names of parents, spouse, children and grandchildren, etc. Can include city, state or country where born and locations where the nominee has lived)

LIST THE ACHIEVEMENTS OF THE NOMINEE WHICH YOU FEEL SUPPORT THE MERIT OF THE NOMINATION. (You may also attach additional documents that verify your information, or write on the back of this sheet if you need more space)

NHPA Member Making This Nomination:

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ E-mail address : _____

Send Nomination Form To: **Ben Webb** by mail at 605 Washington Street, Brownsville, KY, 42210 or by email @ bwebb5155@gmail.com

Form must be received by April 1st for the nominee to be included in the voting for that year.