

Alabama Public Health Association Hall of Fame Nomination Form

I. Name of Nominee _____

Years in ALPHA (Must Be at least 10 years) _____

Name of Nominee Position now held, if any

Address Street City State (Zip)

II. List positions previously held:

III. Relate specific incidents, accomplishments or attributes which illustrate the extent to which the nominee's performance relates to the eligibility criteria for the award.

(USE ADDITIONAL SHEETS AS NEEDED FOR ADEQUATE DESCRIPTION)

IV. All nominations must be made by current ALPHA member

Name of Nominator

Street Address of Nominator City State Zip Daytime telephone

Please submit nomination and up to 10 letters of support by Nov. 15, 2006, to:

Ruth Harrell, Chair

Hall of Fame Committee

P.O. Box 626

Flomaton, AL 36441

rharrell@panhandle.rr.com