

# 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 Jan. 15, 2010, to:

Jackie Holliday, Chair  
Hall of Fame Committee  
P.O. Box 303017  
Linden, AL 36748  
Jackie.Holliday@adph.state.al.us