APPLICATION FOR NOMINATION WISCONSIN STATE TELECOMMUNICATIONS ASSOCIATION HALL OF FAME AWARD

Please mail completed application by March 31st to:

WSTA Hall of Fame Wisconsin State Telecommunications Association 1502 W. Broadway, Suite 102 Monona, WI 53713

Please Print or Type:					
Date					
Name of the Nominee					
	(First)	(Middle)	(Last)		
Address		(01-1-)	/7:\		
(City)		(State)	,		
Place of birth		Date of Birth			
Employer		Position			
If retired, date of retirement				_	
If deceased, date of death a	nd closest living	relative			
Education (Names of schoo	ls attended, date	s attended, degre	es received, plus honora	ary degrees, if any)	
Spouse Date of Marriage					
(Include maiden name	e of wife if applica	able)			
Children (In order of birth; if	married, include	full married name):		
Service to WSTA (40 Point	s)				
Participation in Wisconsin S Directors, committees, spee				ices held, Board of	

Career Contributions to Telecommunications Industry in Wisconsin (30 Points) Participation and activities in other telephone associations, such as Wisconsin Locally Owned, ITPA, NTCA, RUS, etc.: **Leadership Qualities** (20 Points) 1. Civic, political, military, philanthropic activities, etc. (Include offices held and dates): 2. Non-business directorships, trusteeships, etc. (such as church, hospitals, etc.): 3. Other affiliations (memberships in commercial, professional, scientific associations, societies, lodges, clubs, etc. Include offices held, if any, and dates): 4. Noteworthy special work (not included above, such as articles published, inventions, books published, and other accomplishments): Sponsor _____ (Signature) Sponsor's Name _____ Address _____ City and State _____Zip ____

Email		 	
Phone ()		

We would appreciate it if you would include a photograph of the nominee with this application. You may also include other information and exhibits. Use additional pages if needed.