



BMA MILITARY HALL OF FAME NOMINATION FORM

1. Name of Person Nominated for Hall of Fame: _____
 2. Nominee's Year of Graduation (or years of affiliation with FSU): _____
 3. Nominee is an FSU Detachment 607 (check each that applies):

☐ Alumnus/ae

☐ ROTC Cadre/Staff

☐ Affiliated with/supporter of ROTC

☐ Other

☐ Veteran Graduate of FSU or partnering institutions
 4. Nominee's Highest Rank Attained/Branch(es): _____
 5. Brief Summary of Nominee's Military and/or Civilian Career(s): Preferably attached to this form as a resume or military biography)
 6. Attach a publication-quality (JPEG) photo, 5"x7" photo, or larger. Command or DOD-style photos are highly recommended.
 7. Reason(s) why the Hall of Fame Committee should elect the nominee to the BMA Military Hall of Fame: (You may attach a separate sheet to this form.)
 8. Address of Nominee (if available): _____
 9. Telephone Number of Nominee: _____ Is Nominee Living? _____
-

INFORMATION ABOUT PERSON SUBMITTING NOMINATION (REQUIRED)

Your Name: _____ Your FSU/School Class Year: _____

Your Address: _____

City State Zip

Your Email Address: _____ Your Phone Number: _____