

## On the Beautiful Main Southwest Miramichi River

263 Main Street, Doaktown, NB E9C 1A9

TEL: 506-365-7787 / FAX: 506-365-7359 / EMAIL: <a href="mailto:museum@nbnet.nb.ca">museum@nbnet.nb.ca</a>
Visit our Website at <a href="www.atlanticsalmonmuseum.com">www.atlanticsalmonmuseum.com</a>

## HALL OF FAME - NOMINATION FORM

Please print or write clearly

1.	Full name of nominee:					
2.	Nickname(s), if any:					
3.	Place of birth:	Date:				
4.	Address:					
5.	Telephone:					
6.	Email:					
7.		Where?				
8.						
	Address					
	Telephone:	Cell:				
9.	Children:					
	(Name)		ate of Birth)			
	Telephone		Email			

9.	Children (cont'd):					
	(b)(Name)	(Date of Birth)				
	Telephone	Email				
	(c)					
	(Name)	(Date of Birth)				
	Telephone	Email				
(	(d)					
	(Name)	(Date of Birth)				
	Telephone	Email				
**	If there are additional children, pleas	e include their information on a separate sheet **				
		(Name)				
	(Address)					
	Telephone	Email				
	Nomination Category (e.g., "Angler," "Fly Tyer", "Guide", "Outfitter," "Writer," "Artist," or "Conservationist")					
	Outline the reasons why you believe the nominee merits an induction to the Hall of Fame in the nomination category selected in #11 above (use a separate sheet if necessary).					
		<del></del>				

dates), peop the course o	of his/her ca	areer, etc. (u	se a separa	te sheet if	necessary).	
Two or mor	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa
Two or more	e stories ab	out the nom	ninee (use a	separate s	heet if nece	essa

<b>15.</b>	Has the nominee been mentioned in books, newspaper or magazine articles, etc.? If so, please provide us with a copy of the material relating to the nominee.  Provide <u>a minimum of</u> three (3) letters from other individuals in support of this nomination.					
						17.
18.	Name of person and/or group making the nomination:					
	Address:					
	Telephone:	Cell:				
	Email:					

Completed Nomination Forms complete with attachments must be forwarded to:

Atlantic Salmon Museum
Hall of Fame- Selection Committee
263 Main Street, Doaktown, NB
Canada E9C 1A9

Email: <u>museum@nbnet.nb.ca</u>

**DEADLINE FOR APPLICATIONS: JULY 01**