

Ohio District Kiwanis Hall of Fame Nomination Form

Candidates Name: _____

Email: _____

Mailing Address: _____

City/State/Zip: _____

Phone #: _____ Alt. # _____

Member of Kiwanis Club: _____

Month/Year joined: _____

Offices Held (include years): _____

Years of Perfect Attendance: _____

Division Offices held (Year served) _____

District Offices held (Year Served) _____

Reasons why nominee should be selected: *Attach a one page typed letter explaining why the Candidate should be recognized.*

Your signature indicates that you understand the responsibilities of nominating a candidate.

Signature of Nominating Kiwanian: _____

Kiwanis Club: _____

Nominator's Name: _____

Mailing Address: _____

City/state/Zip: _____

Phone #: _____ Date: ____/____/____

This form with attachment should be forwarded to the Ohio District Kiwanis Secretary by November 1 to be forwarded to the Committee. Recognition will occur at the Ohio District's Mid-Year Education Day. Fax to: 888-397-4457, Email to: Dave@ohiokiwanis.org or mail to: Ohio District Kiwanis, 6161 Busch Blvd, Suite 220, Columbus, Ohio 43229