



Ohio District Kiwanis Hall of Fame Nomination Form

Nominee Name:	
Phone #:	
Member of Kiwanis Club:	
Month/Year joined:	<u> </u>
Offices Held (include years):	
Years of Perfect Attendance:	
Division Offices held (Year served)	
District Offices held (Year Served)	
Attach a one page typed letter explaining why	the nominee should be recognized.
Your signature indicates that you understand the r	esponsibilities of nominating a candidate
which includes presentation of the award at the Mi	dYear Education Day.
Nominator's Name:	
Kiwanis Club:	
Email:	
Signature:	
This form, with attachment, should be forwarded to November 1 to be forwarded to the Committee. Er mail to: Ohio District Kiwanis, PO Box 588, Berea,	nail to: ExecutiveDirector@ohiokiwanis.org or