



Historical Society of Mount Airy

Mount Airy, Maryland

Mount Airy Hall of Fame Nomination Form

Nominee's Name:	_____
Address (if living):	_____
City, State, Zip:	_____
Telephone Number:	_____
Nominee's Date Birth (if known):	_____
Nominee's Date of Death (if applicable and known):	_____
Name of nearest relative (if nominee is deceased):	_____
Address:	_____
City, State, Zip:	_____
Telephone Number:	_____

Contribution to the Town: (Please explain why you believe this person is deserving of consideration. Use back of form to continue.)

Submitter's Name/Organization:	_____
Contact Address:	_____
City, State, Zip:	_____
Telephone Number:	_____

Revised -4/2021