

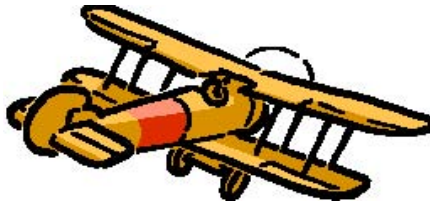


ILLINOIS AVIATION HALL OF FAME

www.ilavhalloffame.org

309 East Industrial Park Road
Murphysboro, IL 62966

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Madeleine Monaco	Treasurer	847-358-1747	99mjm@sbcglobal.net



HONOREE CANDIDATE DATA

SPONSOR

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

E-MAIL _____

CANDIDATE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

E-MAIL _____

DATE SUBMITTED _____

PLEASE RETURN ALL DATA TO THE ABOVE ADDRESS WITHIN THE NEXT THIRTY DAYS.

HONOREE CANDIDATE DATA

1. Personal information of Candidate:

Name _____ Nickname _____

Date of Birth _____ Pilot Certificate _____ Date _____

Other Ratings _____

Illinois Residency Dates _____ Cities _____

Family Contact (If deceased) Name _____

Relationship to Candidate _____

Address _____ City _____ State ___ Zip _____

Telephone _____ E-Mail _____

2. Statement as to how candidate's achievements have contributed to the advancement of aviation in Illinois. Please list on separate page.

3. Primary employment activities. Please list on separate page.

4. Aviation activities beyond employment (volunteer efforts). Please list on separate page.

5. Recognition and Awards received (Include copies).

6. News articles of candidate (include copies).

7. Additional information or comments. Please list on separate page.

8. List two references familiar with the activities described.

Name _____ Telephone _____

Address _____ City _____ State ___ Zip _____

E-Mail _____

Name _____ Telephone _____

Address _____ City _____ State ___ Zip _____

E-Mail _____

9. Candidate Certification: I hereby acknowledge I am willing to accept the nomination as candidate for the Illinois Aviation Hall of Fame. I certify this information is correct and may be used by the Illinois Aviation Selection Committee. All certification information will be verified.

Candidate Signature _____ Date _____