# OCNA Hall of Fame

# Supporting Nomination

# About the Award

The OCNA Hall of Fame recognizes and celebrates individuals who have made exemplary contributions to Ontario’s community newspapers. Nominees are encouraged from all aspects of the community newspaper world, including but not limited to editorial, advertising, publishing, production, circulation, finance, sales or design. Inductees will be determined by a panel of judges selected by the OCNA Board of Directors.

# Nomination Criteria

Nominees shall:

* have a proven record of outstanding achievements in the Ontario community newspaper industry
* have demonstrated leadership and/or innovation within the Ontario community newspaper industry
* have contributed to the overall health and success of community newspapers
* be well respected in the business and community
* be role models and inspirations for future generations of community newspaper leaders

Please note: Supporting Nomination Forms must be completed by at least two individuals other than the primary nominator.

# Nominee Information:

The following person is being nominated for the OCNA Hall of Fame.

|  |
| --- |
| **Name** |
| **Position (Current or most recent)** |
| **Newspaper or Company (Current or most recent):** |
| **Address** |
| **Phone Number** |
| **E-mail Address** |

# Supporting Nominator Information

|  |
| --- |
| **Name** |
| **Position (Current or most recent)** |
| **Newspaper or Company (Current or most recent):** |
| **Address** |
| **Phone Number** |
| **E-mail Address** |
| **My relationship with the nominee is:** |

# Supporting Information

The reason you are willing to support this nomination:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Please include separate page if more room required.

# Confirmation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |

# Thank you for completing this Supporting Nomination Form. Once complete, please return to the Primary Nominator.