## TAA HALL OF FAME NOMINATION FORM

١.	NOMINEE INFORMATION			
Name	e of nominee:			
Addre	ess:			
City/S	State/Zip:			
Phon	e: Email: Email:			
II.	AUCTION INDUSTRY INFORMATION			
Comp	pany Name: Position in Company:			
Num	per of Associates or Partners:			
III.	PERSONAL AND FAMILY INFORMATION			
Spous	se's name: Do they participate in the auction industry? $\square$ Yes $\square$ No			
If yes	, in what capacity?			
List a	ny children, their ages and if they participate in the auction industry:			
List a	ny additional family members if they participate in the auction industry:			
Any a	dditional personal information will be considered:			
IV.	GENERAL INFORMATION			
How long has the nominee been a member of TAA?				
List any TAA board and/or committee positions held:				
List a	ny other services/donations you have provided to TAA:			
How long has the nominee been active/associated with the auction industry?				
What	percentage of the nominee's time is actively spent in the auction industry?			

List any past affiliation with the NAA; positions held, committees, services, etc.:

List the nominee's contributions to the auction industry/profession:

List regular auctions conducted, if any, and/or any special individual auctions conducted that brought attention and credit to the auction industry/profession and including no fee auctions to the community and/or any organizations:

List at least three individuals who have worked with the nominee or who have knowledge of the nominee's worthiness in being considered for this award that the Hall of Fame Award Committee may contact:

Name:	Phone:
Name:	Phone:
Name:	Phone:

Previous recipients of the TAA Hall of Fame Award have established general qualifications, which they think each nominee should possess or have. Please reflect your personal assessment of the nominee with respect to honest; high ethical and moral standards; willingness to share with others; standing in their community; standing, involvement, and contribution to TAA and NAA associations.

List the nominee's education background:

List any national/state/community organizations that the nominee is affiliated with:

v.	SUBMITTED BY:				
Name			Date Application Submitted:		
Address:					
City/State/Zip:					
Phone	:	Email:			
	-				

## **SEND COMPLETED FORM TO:** PO Box 940, Springtown, TX 76082

Phone: 512-668-9448 | Email: info@texasauctioneers.org | texasauctioneers.org