HALL OF FAME NOMINATION FORM

Submit to the
West Virginia Music Hall of Fame
1427 Lee Street, Charleston, WV 25301

YOUR INFORMATION

Name _______________________________________________________________________________________________________

Address _____________________________________________________________________________________________________

Phone ______________________________ Email ___________________________________________________________

NOMINEE

Artist Name ___________________________________________________________________________________________________

Note: For groups, please use a separate sheet to include information on band members.

Living_____ Deceased _____

Date of birth_____________________ If deceased, date of death____________________

Birthplace________________________________________ Last place of residence________________________________________

If living, address, email, web site and phone (if known) _______________________________________________________________

CAREER ACCOMPLISHMENTS and WEST VIRGINIA CONNECTION

In a paragraph or two, please explain why this person should be inducted into the WV Music Hall of Fame. This is especially important for those who are not well known. Be sure to emphasize the nominee’s WV connection.

DOCUMENTATION

Please attach photocopies of any articles, obituaries, tributes or other published documentation.

Please attach a list of recordings or a chronological list of career highlights. This is especially important for those nominees whose names might not be readily known to members of the Selection or Voting committees. We are also interested in a list or photocopies of any available memorabilia or recordings of this nominee’s work for possible use in our displays.

SELECTION AND VOTING PROCESS

The WV Music HoF Selection Committee will review submissions and choose 10 living and 10 deceased nominees for the 2010 ballot. The 2010 inductees will be determined by our Voting Committee, made up of approximately 40 artists, musicologists and music writers. Four living and four deceased inductees will be honored at the 2010 Induction Ceremony.

The mission of the WV Music Hall of Fame is to collect, preserve and promote the diverse cultural music heritage of West Virginia. By honoring musicians who have enriched the culture of West Virginia and the entire country, the WV Music Hall of Fame hopes to remind the people of West Virginia and those beyond its borders of the work of these important and influential artists. The WV Music Hall of Fame is a registered, non-profit corporation. For more information, call 304/342-4412, email: mlipton@gmail.com or visit: www.wvmusichalloffame.com

continued
ADDITIONAL PAGE FOR NOMINATING GROUPS

NAME OF GROUP: ______________________________________

1st group member: ______________________________________
Living_________ Deceased_________ Date of birth______________ If deceased, date of death____________________
Birthplace________________________________________ Last place of residence__________________________
If living, give address, email, web site and phone (if known)_____________________________________________
____________________________________________________________________________________________________

2nd group member: ______________________________________
Living_________ Deceased_________ Date of birth______________ If deceased, date of death____________________
Birthplace________________________________________ Last place of residence__________________________
If living, give address, email, web site and phone (if known)_____________________________________________
____________________________________________________________________________________________________

3rd group member: ______________________________________
Living_________ Deceased_________ Date of birth______________ If deceased, date of death____________________
Birthplace________________________________________ Last place of residence__________________________
If living, give address, email, web site and phone (if known)_____________________________________________
____________________________________________________________________________________________________

4th group member: ______________________________________
Living_________ Deceased_________ Date of birth______________ If deceased, date of death____________________
Birthplace________________________________________ Last place of residence__________________________
If living, give address, email, web site and phone (if known)_____________________________________________
____________________________________________________________________________________________________