Alabama Public Health Association  
Hall of Fame Nomination Form  

I. Name of Nominee ___________________________________________  

Years in ALPHA ( Must Be at least 10 years ) ____________________  

Name of Nominee Position now held, if any  

Address Street City State (Zip)  

II. List positions previously held:  

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

III. Relate specific incidents, accomplishments or attributes which illustrate the extent  
to which the nominee’s performance relates to the eligibility criteria for the award.  

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

( USE ADDITIONAL SHEETS AS NEEDED FOR ADEQUATE DESCRIPTION )  

IV. All nominations must be made by current ALPHA member  

Name of Nominator  

Street Address of Nominator City State Zip Daytime telephone  

Please submit nomination and letters of support by March 1, 2020 to:  
Carol Cannon, Chair  
Hall of Fame Committee  
% Shelia Puckett  
57 Michael Lane  
Wetumpka, Al. 36092