HALL OF FAME NOMINATION FORM

DIRECTOR:
_____

CLUB: _____

NOMINEE: _____

Does nominee meet all requirements listed in the MSSA Bylaws: Yes_____ No_____

Has nominee won a MSSA State Gun Championship title: Yes_____ No_____

If yes which title(s) HOA____12 Ga.____20 Ga.____28Ga.____410____Dbls.____

Has the nominee held any office in the MSSA: Yes_____ No_____

If yes which office(s) President____Vice President____Secretary____Treasurer_____

Has the nominee served as a state director: Yes_____ No_____

Has the nominee served as a national director: Yes _____No_____

Please state all other areas the nominee has been active in to support the aims and objectives of the MSSA:

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