



## HALL OF FAME APPLICATION

NAME OF NOMINEE: \_\_\_\_\_

*(if living)*

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

YEARS NOMINEE IS/WAS MEMBER OF GLASA \_\_\_\_\_

LEAGUE ACCOMPLISHMENTS:

OTHER QUALIFICATIONS:

WE STRONGLY URGE YOU TO SUBMIT A PHOTOGRAPH OF THE NOMINEE. THE PHOTO WILL BECOME THE PROPERTY OF THE GLASA HALL OF FAME.

NOMINATION SUBMITTED BY: \_\_\_\_\_

RETURN TO:

JASON WINBURN  
747 N. GRAMERCY PL.  
LOS ANGELES, CA 90038

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