



NOMINATION FORM

Please fill out all information as clearly and completely as possible and return this form along with any supporting materials to the address above BEFORE Jan. 31, 2025 for consideration for the Inductee Class of 2025. If the Candidate is not chosen for induction in 2025, the application will be filed away for future updates and consideration. Supporting evidence (i.e. liner notes, pictures, articles, anything that will help the review process) should be included with your nomination form. Please note we will not accept nomination forms or supporting evidence via email. THIS COMPLETED FORM, AT LEAST ONE QUALITY PHOTOGRAPH, AT LEAST ONE RECORDING (FOR PERFORMERS) & SUPPORTING DOCUMENTATION AS DESCRIBED THROUGHOUT THIS FORM MUST BE SUPPLIED TO BE CONSIDERED FOR INDUCTION. PLEASE NOTE: MATERIALS SUBMITTED WILL NOT BE RETURNED. DO NOT SUBMIT APPLICATIONS AND MATERIALS VIA EMAIL.

CONTACT INFORMATION FOR PERSON SUBMITTING NOMINATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
E-MAIL: _____
CELL PHONE: (____) _____ PHONE: (____) _____

TYPE OF NOMINATION (Check one based on the area of highest achievement)

- PERFORMER GROUP PRODUCER INDUSTRY EDUCATOR LEGACY

NOMINEE'S NAME: _____ CHECK IF DECEASED
ADDRESS (If different than above): _____
CITY: _____ STATE: _____ ZIP: _____
E-MAIL: _____
CELL PHONE: (____) _____ PHONE: (____) _____

GROUP MEMBERS' NAMES (ATTACH A SEPARATE PIECE OF PAPER IF NECESSARY & INCLUDE AS MUCH CONTACT INFORMATION AS POSSIBLE)

1. NOMINEE'S NAME: _____ CHECK IF DECEASED
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
E-MAIL: _____ PHONE: (____) _____
2. NOMINEE'S NAME: _____ CHECK IF DECEASED

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: (____) _____

3. NOMINEE'S NAME: _____ CHECK IF
DECEASED

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: (____) _____

4. NOMINEE'S NAME: _____ CHECK IF
DECEASED

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: (____) _____

5. NOMINEE'S NAME: _____ CHECK IF
DECEASED

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: (____) _____

VALLEY CONNECTION

Was the Nominee born & raised in the Valley? YES NO

Does the Nominee still reside here? YES NO

If no, how long did the Nominee reside in the Valley? _____

Where in the Valley did the Nominee reside? _____

RECORDING STATUS

Nominee, if a performer, has been featured on recordings on what level? CHECK ALL THAT APPLY

INTERNATIONAL NATIONAL REGIONAL LOCAL

DISCOGRAPHY

DETAIL RECORDINGS BELOW, ENCLOSE AT LEAST 3 SAMPLE RECORDINGS & ENCLOSE NEWS CLIPPINGS, REVIEWS, ETC.

1. ALBUM TITLE: _____ ARTIST: _____ RELEASE
(DATE): _____

2. ALBUM TITLE: _____ ARTIST: _____ RELEASE (DATE): _____

3. ALBUM TITLE: _____ ARTIST: _____ RELEASE (DATE): _____

4. ALBUM TITLE: _____ ARTIST: _____ RELEASE (DATE): _____

5. ALBUM TITLE: _____ ARTIST: _____ RELEASE (DATE): _____

CHECK HERE IF CONTINUED ON A SEPARATE ATTACHED SHEET

CHECK HERE IF RECORDINGS ENCLOSED

CHECK HERE IF OTHER DOCUMENTATION OF RECORDINGS SUPPLIED SUCH AS NEWS CLIPPINGS, REVIEWS, PHOTOS, ETC.

CAREER ACCOMPLISHMENTS

Please attach to this form any resumes, biographies, news clippings, reviews, or other pertinent items of information about the Nominee. Try to cover as much of the Nominee's career as possible including, but not limited to, the following areas:

- **MUSIC COMMUNITY SERVICE**

Nominee's community service activities. (EX. Participation in music-related organizations)

- **PROFESSIONAL POINTS OF INTEREST**

List Nominee's activities, achievements and career highlights in the following areas:

Player, Vocalist, Producer, Songwriter/Composition, Educator/Instructor, Business, Musical Versatility

- **PUBLIC VISIBILITY**

How has the Performer/Group remained in the public eye as an Artist/Performer/Teacher?

Mail completed forms and all supporting documentation to:

Valley Music Hall of Fame • 1298 N. Wishon • Fresno, CA 93728

Please note we will not accept nomination forms or supporting evidence via email.