Emigrant Trails Hall of Fame Nomination Form

(Please provide as much information as possible)

Name of Nominee: ____________________________________________________________________

Nomination Categories (see below)

____________________________________________________________________________________

Biography

Born (Date/Location): _________________________________________________________________

Died (date/Location): ________________________________________________________________

Married: 1. Name ________________________________________________________________

2. Name ________________________________________________________________

3. Name ________________________________________________________________

Profession: _______________________________________________________________________

Achievements

1. ______________________________________________________________________________

2. ______________________________________________________________________________

3. ______________________________________________________________________________

4. ______________________________________________________________________________

5. ______________________________________________________________________________

Supporting Comments

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Please attach files with additional information as needed.
Nominees shall be selected from the following six categories:

- **Preservationist:** Promoted trail marking, interpretation and preservation through significant activities with lasting impact.
- **Trail pioneer:** Made significant contributions to trail development and migration or to the history and culture of the areas where they settled.
- **Author:** Enhanced public awareness and understanding of trail history through first-hand accounts or research of original source materials.
- **Philanthropist:** Made significant financial contributions to support the trail preservation movement or the preservation of cultural resources associated with it.
- **Public official:** Helped promote public recognition of trail history and/or expansion of trail marking and monument programs.
- **Executive:** Led corporate initiatives to support the trail preservation movement or enhance public awareness.

Submitted by:  Name ____________________________________________________________

                        Address ________________________________________________________

                        City/State/ZIP ____________________________________________________

OCTA Member (membership not required) ________

Return to:

Oregon-California Trails Association
ATTN: Chair ETHoF Committee
PO Box 1019

Independence, MO 64051-0519

Or email to ETHoF1846@gmail.com