



**ARKANSAS STATE GOLF ASSOCIATION
HALL OF FAME
NOMINATION FOR INDUCTION**

Established 1994

#3 Eagle Hill Court, Suite B, Little Rock, AR 72210 – P.O. Box 30250, Little Rock, AR 72260

Date of Application _____ Date Received _____

Name _____ DOB _____

Home Address _____ City _____

State _____ Zip _____ Email Address _____

Fax _____ Daytime Phone _____ Home Phone _____

Spouse's Name _____

Children's Names _____

Amateur _____ Club Professional _____ PGA Tour _____ Administrator _____ Other _____

Golf Club or Golf Association Membership _____

Golf Organization Affiliation _____

Other Golf Occupational Summary:

Dates _____ Company/Business _____ Title _____

Dates _____ Company/Business _____ Title _____

Dates _____ Company/Business _____ Title _____

Golf Honors: _____

**Add Pages if Necessary

Should this person be inducted into the Arkansas Golf Hall of Fame, is there access to mementos suitable for display in the ASGA Golf Hall of Fame?

Person Making Nomination:

Name _____ Phone _____

Home Address _____

City _____ State _____ Zip _____

Comments on Person Nominated:



Hall of Fame
(For ASGA use only)