



## ALABAMA TIRE DEALERS ASSOCIATION HALL OF FAME

### PURPOSE:

The purpose of the ATDA Hall of Fame is to honor those individuals who have played a significant role in the growth and development of the Alabama Tire Dealers Association and the Tire Industry. Membership in the Hall of Fame is to recognize and honor those individuals who have achieved success within the industry, as well as in public service for the community at large where they work and live. Eligible nominees must be from ATDA membership.

### QUALIFICATIONS:

To qualify for induction, the nominee must have been a regular, associate or supplier member of the ATDA in good standing for the period of contribution. Nominees should be outstanding contributors to the Tire Industry through personal achievement, leadership and by example.

### RULES:

The annual quota for inductees will be two per year.

To be considered, candidates must have served within the Tire Industry and ATDA for a minimum overall length of time totaling five years.

The Hall of Fame Committee will present eligible candidates to the Board of the ATDA for consideration. A majority vote will be needed to induct the approved candidates.



## ALABAMA TIRE DEALERS ASSOCIATION HALL OF FAME

This completed form along with other background data such as resumes, photos, etc., should be submitted to any ATDA Hall of Fame Committee. Deadline for application is 60 days prior to each annual ATDA Convention.

Nominee's Name \_\_\_\_\_

Company Name \_\_\_\_\_

Nominee Address \_\_\_\_\_

Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Business (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Business Title \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Number of Years in Tire Industry \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Submitted: \_\_\_\_\_

For use by Hall of Fame Committee:

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Nominee Accepted: \_\_\_\_\_ By Committee (Signature) \_\_\_\_\_