



IMPA Hall of Fame Nomination Form

NOMINATION DETAILS

Name of Nominee: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____

NOMINATION QUALIFICATIONS

In this section describe the activities or contributions to the Idaho Milk Industry for which this person deserves recognition. This is not an essay contest - just describe in your own words why you feel this person deserves to be recognized and acknowledged.

Any additional material (resumes, newspaper clippings, etc. may be attached).

ADDITIONAL INFORMATION

Name of Person Filling out this form: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Date: _____
(This is required for follow-up. Check here if this is to be kept confidential)

Nominations may be mailed to: IMPA, PO box 5355, Twin Falls, 83303
or simply email to: commercialcreameryco@gmail.com

DEADLINE FOR NOMINATIONS IS APRIL 1ST