# OCNA Hall of Fame

# Nomination

# About The Award

The OCNA Hall of Fame recognizes and celebrates individuals who have made exemplary contributions to Ontario’s community newspapers. Nominees are encouraged from all aspects of the community newspaper world, including but not limited to: editorial, advertising, publishing, production, circulation, finance, sales or design. Inductees will be determined by a panel of judges selected by the OCNA Board of Directors.

# Nomination Criteria

Nominees shall:

* have a proven record of outstanding achievements in the Ontario community newspaper industry
* have demonstrated leadership or innovation within the Ontario community newspaper industry
* have contributed to the overall health and success of community newspapers
* be well respected in the business and community
* be role models and inspirations for future generations of community newspaper leaders

*Note: The Award may be given posthumously. OCNA board members are not eligible for election to the Hall of Fame during their term in office except under exceptional circumstances.*

# Nominee Information

|  |
| --- |
| **Name** |
| **Position (Current or most recent)** |
| **Newspaper or Company (Current or most recent):** |
| **Address** |
| **Phone Number** |
| **E-mail Address** |
| **Length of Employment in the Industry** |

# Nominator Information

|  |
| --- |
| **Name** |
| **Position (Current or most recent)** |
| **Newspaper or Company (Current or most recent):** |
| **Address** |
| **Phone Number** |
| **E-mail Address** |

# Supporting Information

Please include supplementary information, including a bio and career summary, to support why your nominee is a good candidate for the OCNA Hall of Fame. You may provide any back up material necessary to support the nomination criteria, including testimonials or endorsement letters.

# Confirmation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |

# Authorization

I, the nominee, acknowledge the release of my personal information contained in this form and nomination for the purposes of the OCNA Hall of Fame Award.

Or, in the case of posthumous awards

I, on behalf of the nominee, acknowledge the release of the nominee’s personal information contained in this form and nomination for the purposes of the OCNA Hall of Fame Award.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Name |  |
|  | Nominee’s Signature |  |  | Name of Nominee (print) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |

To view the full PIPEDA policy, please e-mail info@ocna.org or call 416-923-7724 ext. 4439.

Please submit your completed nomination package to:

Kelly Gorven at k.gorven@ocna.org

or mail it to

OCNA

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