



NOMINATION FORM

Associated General Contractors of Missouri

Hall of Fame

(Please print or type)

NOMINEE/CONTACT INFORMATION:

Name: _____

Title: _____

AGC Member Company: _____

Phone Number: _____ E-mail: _____

REASON FOR NOMINATION:

Please describe below why you believe this nominee qualifies for induction into the AGC of Missouri Hall of Fame. This information will be used by the Nominating Committee to choose inductees. (Use additional page/s as necessary.)

ACHIEVEMENTS OF NOMINEE (List and give brief detail, use additional page/s as necessary):

NOMINATION SUBMITTED BY:

Name: _____ Title: _____

Phone Number: _____ E-mail: _____

Signature: _____ Date: _____

Return by December 15 to:

AGC of Missouri
Attn: Hall of Fame Committee
P.O. Box 94
Jefferson City, MO 65102-0094