

# 50 Year Club

## Nomination Form\*

“I submit the name of the following person, certifying that to the best of my knowledge he or she has completed 50 years of service to the newspaper industry.”

Name: *(Please Print)*

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Entered Newspaper Service At: *(Location)*

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Now Living At:

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This Nomination Submitted By:

Newspaper:

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Please complete and return to: Minnesota Newspaper Association  
12 South Sixth Street, Suite 1120  
Minneapolis, MN 55402  
Fax 612-342-2958

\*Application form on reverse.

# Minnesota Newspaper Association Half Century Club Application Form

Name \_\_\_\_\_ Newspaper \_\_\_\_\_

Title or Duties \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parents' names and any connection with newspapering \_\_\_\_\_

\_\_\_\_\_

Your school: high school, college – with dates \_\_\_\_\_

\_\_\_\_\_



First newspaper or printing work: when, where, what, name of newspaper and publisher \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Newspaper career since – with dates \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Married whom, when, where \_\_\_\_\_

Children's names and any newspaper connections \_\_\_\_\_

\_\_\_\_\_

Hobbies, unusual activities and interests, future plans \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Comments \_\_\_\_\_

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