



Port Norris  
HISTORICAL  
SOCIETY

# LEGENDS NOMINATION FORM

MAIL TO: Port Norris Historical Society  
PO Box 187  
Port Norris, NJ 08349

Name of Nominee: \_\_\_\_\_ Date (s) \_\_\_\_\_

Business Affiliations: \_\_\_\_\_

Civic Contributions: \_\_\_\_\_

Church Positions: \_\_\_\_\_

Political Positions: \_\_\_\_\_

Work Experiences: \_\_\_\_\_

Organizations: \_\_\_\_\_

Personal Information: \_\_\_\_\_

Other: \_\_\_\_\_