

Please fill out all information and return this form along with any supporting materials to BCHC at the address below **BEFORE** January 1, 2026. We will contact you if more information is needed. If the candidate is not chosen for induction this year, the application will be filed away for future updates and consideration. Supporting evidence (resumes, biographies, pictures, news clippings, reviews, or other pertinent items) is very helpful in the selection process. It is strongly encouraged that this should be included with your nomination. All documents received will become the property of the Greater Biddeford-Saco Music Hall of Fame (GBSMHOF) and will not be returned.

BCHC PO Box 896 Biddeford, ME. 04005 www.biddefordculturalandheritagecenter.org 207-283-3993 CONTACT INFORMATION OF PERSON SUBMITTING NOMINATION: NAME: _____ E-MAIL:____ ADDRESS: CITY: STATE: ZIP: TYPE OF NOMINATION (Please choose only one, either Individual or Band. Those with both selected will not be counted) 1. INDIVIDUAL Please attach an individual biography L Check if deceased NOMINEE'S NAME: ADDRESS: 2. BAND Please attach a band biography BAND NAME: BAND ACTIVE YEARS: _____ to ____ VENUES PLAYED AT: BAND MEMBER NAMES - (Attach a separate piece of paper and include as much contact information as possible if needed) 1. NOMINEE'S NAME: _____PHONE (CELL) _____ Check if deceased ADDRESS: _____ EMAIL _____ PHONE (CELL) _____ Check if deceased 2. NOMINEE'S NAME: ADDRESS: EMAIL 3. NOMINEE'S NAME: _____PHONE (CELL) _____ Check if deceased ADDRESS: EMAIL 4. NOMINEE'S NAME: _____PHONE (CELL) _____ Check if deceased ADDRESS: ______ EMAIL _____

Please add additional info and supporting documentation here:							
D	ate of Nomination:						

Email to BCHC04005@gmail.com or call 207-283-3993 FMI