



Seeking 2024 OABA Hall of Fame & Pioneer Award Nominations

We are accepting nominations for our most prestigious recognitions...2024 Hall of Fame and Industry Pioneer recognitions, to take place in February, 2024, at our Annual Meeting.

Individuals nominated must have made significant mobile amusement industry achievements and contributions to the OABA, their national trade association. Nominees may be currently active, retired or deceased, and represent any facet of our industry. For a list of current OABA Hall of Fame inductees and Pioneer recipients, as well as a nomination form, please visit www.oaba.org.

Nomination forms must be received by November 1, 2023. Please indicate which category – Hall of Fame or Industry Pioneer – for the individual you are nominating.

To submit your nomination form:

Email your nomination form to: oaba@oaba.org

Or mail to: OABA Hall of Fame Committee
1305 Memorial Avenue
West Springfield MA 01089

The Hall of Fame Committee will review all nominations and select individual(s) to be inducted into the OABA's Hall of Fame and to receive the Industry Pioneer recognition. Those selected by the Committee will receive this recognition and honor at the OABA's Annual Meeting in February.

Previously submitted applications received by the OABA in the past five years will be considered, along with all new nominees for these awards, by the Hall of Fame Committee.

Should you have any questions, please contact the OABA office or OABA's Hall of Fame Committee Chair John Hanschen at 512-914-0395 or email jwhanschen@gmail.com.



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Nomination Deadline: November 1, 2023

Check one: [] HALL OF FAME [] INDUSTRY PIONEER

Nominee Information

Name of Nominee: _____ Company: _____
Address: (Living Only) _____
City: _____ State: _____ Zip/Postal Code: _____
Phone: () _____ Fax: () _____
Please include area/country code and number
Country: _____ Email: _____
Years of Active Service in Industry: _____ (please include range, i.e., 1965 - 1995)
Nominee's Company/Organization Affiliations, past and present _____

Please indicate if the nominee is: Living _____ Deceased _____
Closest Living Family Member: _____

Nominated By

Date: _____

Name of Person Submitting Nomination: _____
Company/Organization Affiliation: _____
Affiliation to Nominee: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Phone: () _____ Fax: () _____
Please include area/country code and number
Country: _____ Email: _____
Date Nomination Submitted: _____

Explain why Nominee should be in the OABA Hall of Fame Use the back of form if needed

