



**Nominator information:**

First - Last - Maiden: \_\_\_\_\_

Address City ST/Zip: \_\_\_\_\_

Phone E-mail: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return nomination forms to the Alumni & Foundation by January 1 to:**

BSU Alumni & Foundation, 1500 Birchmont Dr NE # 17, Bemidji, MN 56601-2699  
or fax 218-755-2121.

If you have questions, please call the Alumni Office at 218-755-2599  
or email [alumni@bemidjistate.edu](mailto:alumni@bemidjistate.edu)

11-2-23