

**Mail to:**

Unsung Heroes Project  
Temora Aviation Museum  
1 Menzies Street  
TEMORA NSW 2666  
AUSTRALIA

## *Nomination of an Unsung Hero*

*(Please print carefully)*

*Surname:* \_\_\_\_\_

*First Name:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

*Place of Birth:* \_\_\_\_\_

*Date of Death:* \_\_\_\_\_

*Place of Death:* \_\_\_\_\_

*Name of Spouse:* \_\_\_\_\_

*Names of Children:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Life history (in as much detail as possible describe the contribution to Australia's military aviation heritage including places worked, dates if possible, special events and other relevant information).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional paper as necessary).*

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## Nominator of Unsung Hero

*(Please print carefully)*

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Unsung Hero: \_\_\_\_\_

### Permission Form

*I authorise the Temora Aviation Museum to reproduce all or part of:*

- 1. The entry relating to \_\_\_\_\_ on the Unsung Heroes database and website for distribution to the public.*
- 2. The photographs that accompany the entry of \_\_\_\_\_ on the Unsung Heroes database and website.*
- 3. The entry relating to \_\_\_\_\_ and any accompanying photographs on the Unsung Heroes database for publication and Museum display purposes.*

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

*Please Note: The Temora Aviation Museum holds no responsibility for the historical accuracy of material. Original written material and photographs will be returned along with the Certificate of Registration and Contribution Print. Photographs must be originals and not photocopies or scanned copies.*

### Registration Fee

*A fee of \$85 covers the full cost of registration of an Unsung Hero and includes postage for the Certificate of Registration and printout.*

*I enclose my cheque/money order for \$85 made payable to the Temora Aviation Museum.*

*OR please charge my: Bankcard / Mastercard / Visa  
(Please circle relevant card)*

Card #:

Expiry Date:

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