## Tubac Historical Society Oral History Project Subject Nomination Form

Submitted by:		
Name:	Date:	
Address:		
City	State	Zip
Phone: ()	Email:	
Tubac Historical Society	Member: Y or N	
Nominee Information:		
Name:		
Address:		
City:	State:	Zip:
Phone: ()	Email:	
Tubac Historical Society	y Member: Y or N	
The Tubac Historical So	ciety's mission is:	
• •	n the history of Tubac and the nd share it with the public"	Santa Cruz River Valley,
With that mission in mi for an oral history inter	nd please explain why you are view:	e submitting this candidate