

# NOMINATION FOR DAV AUXILIARY OUTSTANDING MEMBER OF THE YEAR

*(All information must be neat and legible)*

**PURPOSE:** To recognize the contributions and dedication of an outstanding DAV Auxiliary member whose efforts have enhanced the goals of the DAV Auxiliary, the parent organization, and has been active in the community since becoming a DAV Auxiliary member.

<b>Name of Nominee</b>		<b>Membership #</b>	
<b>Nominee Street Address</b>		<b>Phone #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Unit Name &amp; Number</b>		<b>Years of Continuous Membership</b>	

**ELIGIBILITY:** Any active senior member of the Disabled American Veterans Auxiliary is eligible for this award with the exception of a previous winner of the national organization's Outstanding Member of the Year Award, a Past National Commander, or a DAV/DAV Auxiliary employee. Former DAV or DAV Auxiliary employees should not include any activities on this application performed during their employment. Any DAV Auxiliary member in good standing may sponsor an individual for this award.

**Note to Sponsor:** Please read the instructions thoroughly. **ONLY the current official form** provided by National Headquarters or downloaded from the Auxiliary website will be accepted. (Additional attachments may not exceed ten (10) pages and sections must be numbered to match the corresponding section on the official form.) In the appropriate categories, list and explain the activities and approximate period of time in which the candidate was involved or helped initiate those achievements as well as involvement with other community groups **during their years of Auxiliary membership**. Do not include involvement in other veterans' organizations.

**Sponsor Information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

*Street*

\_\_\_\_\_  
*City, State, Zip Code*

**As sponsor I hereby verify that the information submitted is correct.**

\_\_\_\_\_  
**Sponsor's Signature**

\_\_\_\_\_  
**Date**

**This completed form must be submitted to National Headquarters and postmarked no later than March 20, 2020**



**5. Explain in detail any participation in the following programs of the DAV Auxiliary.**

**Americanism**

**Community Service**

**Junior Activities**

**Legislation**

**Membership**

**VAVS**

**6. Explain any participation in the programs of the DAV parent organization.**

**7. List participation and explain involvement with other community groups. (DO NOT INCLUDE ACTIVITIES IN OTHER VETERANS' ORGANIZATIONS.)**

**Note to Sponsor: Please use the space below to state *in your own words* why you feel this member is truly outstanding and deserves consideration for this award. Additional information may be attached.**

**Return completed form to:      National Auxiliary Headquarters  
3725 Alexandria Pike  
Cold Spring, KY 41076**