

Department of Wisconsin

**Betty J. Wimmer Auxiliary Member of the Year Award**

**Purpose:** To recognize the contributions and dedications of an outstanding member of the Wisconsin DAV Auxiliary.

**Eligibility:** Any active senior member of the Disabled American Veterans Auxiliary who has not been previously awarded this honor is eligible for this award.

*Please read instructions thoroughly. The form has been attached.* ***The most recent form must be used (revised 12-2017) or candidates may be disqualified.*** *During his/her years of membership, list any activities in which the candidate was involved in activities with the Disabled American Veterans or Disabled American Veterans Auxiliary.*

*Nominees not selected by the committee can be resubmitted in subsequent years.*

*Please type or print all information clearly.*

*The member selected for this award will be notified by phone and/or postal mail no later than April 30, 2023. Award winner will receive complimentary registration and banquet payment, as well as one guest, two nights accommodations at the convention hotel, will be seated on the stage at the Joint Opening Session, and at the head table the evening of the banquet.*

The completed form must be sent to

DAV Auxiliary State Headquarters

213 Southtowne Place # AA 210

South Milwaukee, WI 53172

Must be postmarked by February 28, 2023, to be considered.



State Department of Wisconsin

**Betty J Wimmer Auxilairy Member of the Year**

**Name of Nominee:**

**Unit Name and Number:**

**Address of Nominee:**

**City, State, Zip Code:**

**Eligibility Through:**

**Sponsor Name:**

**Address of Sponsor:**

**City, State, Zip Code:**

**Sponsor Signature:**

The completed form must be sent to:

DAV Auxiliary State Headquarters

213 Southtowne Place # AA210

South Milwaukee, WI 53172

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1. **Does the nominee currently hold an office or chairmanship (unit, state, or national) for the DAV Auxiliary?**

**If yes, please Specify:**

1. **List all activities the nominee has participated in while a member of DAV Auxiliary.**

1. **List participation with other community groups (excluding other Veteran’s organizations) during nominee’s years as a member of DAVA.**

1. **List outstanding personal achievements (excluding other Veterans’ organizations) during years of membership. If given awards, please identify. Do not include copies of awards.**

1. **Please use this portion to state why you feel this member deserves consideration for the Outstanding Member of the Year Award. If needed, additional pages may be attached.**