

**PAST NATIONAL COMMANDERS' AWARD  
DAVA OUTSTANDING MEMBER OF THE YEAR**

*(Please type or print. All information must be neat and legible.)*

Name of Nominee: \_\_\_\_\_ Member Code # \_\_\_\_\_

Address of Nominee: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Unit Name & Number: \_\_\_\_\_ Years of continuous membership: \_\_\_\_\_

Eligible through: \_\_\_\_\_

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

**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 Past National Commanders' Award, any Past National Commander, or an employee of the DAV and/or Auxiliary. Former employees of the DAV and/or Auxiliary should not include any activities performed while an employee on this application. Any DAV Auxiliary member in good standing may sponsor an individual for this award.

Please read the instructions thoroughly. **ONLY** the **current official form** received from National Headquarters or the **current form on the Auxiliary website** will be accepted. Any additional attachments will be limited to ten pages and must be numbered to the corresponding section on the official form. Use of previous forms will **NOT** be considered for the award. **During the years of auxiliary membership**, list and explain in the appropriate categories, 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. Do not include involvement in other veterans' organizations.

**Sponsor Information:**

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

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

*Street*

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

Unit Name and Number: \_\_\_\_\_

Membership 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 30, 2018**



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

Americanism \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)**

_____	_____
_____	_____
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**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.

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\_\_\_\_\_  
Sponsor's Signature  
(Not a Unit or State)

\_\_\_\_\_  
Date

**Return completed form to:**

**National Auxiliary Headquarters  
3725 Alexandria Pike  
Cold Spring, KY 41076**