

**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. 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 10 pages & 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 & explain in the appropriate categories, the activities & approximate period of time in which the candidate was involved or helped initiate those achievements & 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 31, 2017**

COMPLETE THIS FORM IN ITS ENTIRETY.

- 1. Is the Nominee employed? Yes ____ No ____.** If no, describe any previous experience.
- 2. Does the Nominee now hold an office, chairmanship, or other position on the unit, state, or national level of the Auxiliary? Yes ____ No ____.** If yes, please specify.
- 3. List all outstanding personal achievements and any awards received since becoming an auxiliary member.**
- 4. List and explain any new or special projects that were initiated by this nominee.**

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.)

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.

Sponsor's Signature
(Not a Unit or State)

Date

Return completed form to:

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