National Auxiliary Member of the Year Award Nomination Form

Do you know an Auxiliary Member that has gone above and beyond to assist Veterans and their families between **July 1, 2023**, and **April 10, 2024**.

Criteria: They must be in **good standing** and **NOT** have a lapsed membership in the **2023-2024** year. They **MUST NOT** be an Auxiliary, District or Department President. Please submit the form to **Dept. Sr. Vice President Cheryl Woodards, 601 Malvern Hill Dr, Madison, WI 53718 no later than April 10, 2024.**

Nominee's Name: _____

Nominee's Address:_____ __

Nominee's Phone Number: _____

Auxiliary Name & Number: _____

Please describe what the member has done below: (use additional sheets if necessary)

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Nominator's Name:_____

Department Chairman's Name:_____

"Bee the Change" while **"Banding Together for Our Veterans"**