



**Ladies Auxiliary VFW**  
**Outstanding Community Volunteer of the Year**  
**Nominating Form**  
(To be completed by Nominator)

Auxiliary Name \_\_\_\_\_ Number \_\_\_\_\_

Auxiliary Address (city & state) \_\_\_\_\_

Name of Member Nominating \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Current Office \_\_\_\_\_

Name of Nominee \_\_\_\_\_ Membership Card No. \_\_\_\_\_

Member Since \_\_\_\_\_ Number of Years in this Auxiliary \_\_\_\_\_

Is this member Active \_\_\_\_\_ or Inactive \_\_\_\_\_ in this Auxiliary?