



DEPARTMENT OF TEXAS AUXILIARY MEMBER OF THE YEAR AWARD NOMINATION FORM

DATE: _____

NAME OF NOMINEE: _____

UNIT NAME: _____

Certification:

The above named nominee for the Department of Texas Auxiliary member of the Year Award meets all criteria for nomination. ie: Dues paid member in good standing.

Signature of nominating member: _____

nominating member unit: _____

Nomination form should be submitted to AMOY Committee Chairman by May 1st, 2015.

Type or print reason(s) for selection of this nominee; if more space is need use back or add another sheet.

Make two copies of the completed nomination form. Mail one copy to following 2015
Chairman: Viola Trevino

3337 Casa Amigos
Corpus Christi, Tx 78411

Forms will be disbursed to committee for
voting and Award presented at Department
convention in June 2015.