



Associates of Vietnam Veterans of America, Inc.

NATIONAL AWARDS FORM

Check One:

___ AVVA Fellowship Award

___ AVVA Member of the Year Award

After printing this form, please complete the form in full and include all required signatures, information, and materials as listed in the criteria for each Award category. All information is necessary for your nomination to be considered. You may make more than one nomination, but please use a separate form for each nomination you submit.

Mail nominations to:

Kathy Andras, Committee Chair
3505 Lake Arrowhead Dr.
Harvey, LA 70058
or E-Mail to: kandras@avva.org

Nominations must be postmarked by *May 10, 2012*

Fill out the following information:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Chapter or Affiliated Chapter: _____ State: _____

Nominee's Name: _____ Chapter or Affiliated Chapter _____

Address: _____

E-Mail Address: _____

Your Signature: _____

Other Required Signatures (see Criteria) _____

Other Required Signatures (see Criteria) _____