



# Auxiliary of the Year Application

## Nominee Information

Name of Individual or Auxiliary being Nominated: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

Member of FFAM Auxiliary since: \_\_\_\_\_

## Nominator Information

Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Contribution to the following and reason for nominating (any combination of the following)

Home Department Contributions:

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FFAM Contributions:

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FFAM Auxiliary Contributions:

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