Auxiliary of the Year Application

Nominee Information

Name of Individual or Auxiliary being Nominated (Nominated department or person must be member of FFAM Auxiliary):_____

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:

_____

_____

_____

_____

FFAM Contributions:

_____

_____

_____

_____

FFAM Auxiliary Contributions:

_____

_____

_____

_____