Disabled American Veterans
Department of Louisiana

Award Nomination Form

Name ____________________________
Address ____________________________
Telephone (Home) ____________________ (Cell) ____________________ (Business) ____________________
Email ____________________________
Chapter Name & # ____________________
Membership # ____________________ Years in DAV ____________________

Award Category
SERVICE OFFICER OF THE YEAR

Narrative: (Please use 100 words or less to tell why you feel this individual deserves this award. If more space is needed, narrative may be submitted on separate piece of paper attached to this Nomination Form.)

Chapter Commander’s Name (Please print) ____________________________
Signature ____________________________ Date ____________________

Chapter Adjutant’s Name (Please Print) ____________________________
Signature ____________________________ Date ____________________

Form AwardNom-2/24/10