



Together Always

**ASSOCIATES OF VIETNAM VETERANS OF AMERICA, INC.**

**FELLOWSHIP AWARD AND MEMBER OF THE YEAR AWARD  
NOMINATION FORM**

I am nominating the below named person for the: (Check one)

AVVA Fellowship Award

AVVA Member of the Year Award

You may fill out this form online and print it to sign and mail, or you may print it out and fill in the information by hand. All **signatures** must be **originals**. No stamps or typed signatures. This form, when completed, must be accompanied by any documentation you might have that will support your nominee. Please see the award criteria for the award you are nominating under for further information. Use a separate form for each award, and/or for each person you submit.

Mail your nomination and copies of documents to:

Percilla Newberry, Awards Committee Chair  
100 Elmwood  
Fritch, TX. 79036

[pnewberry@avva.org](mailto:pnewberry@avva.org) or [percilla121@aol.com](mailto:percilla121@aol.com)

**NOMINATIONS MUST BE POSTMARKED BY MAY 10, 2017**

Fill out the following information:

NOMINEE'S NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

AVVA CHAPTER: \_\_\_\_\_ STATE: \_\_\_\_\_ MEMBERSHIPS #: \_\_\_\_\_  
(IF KNOWN)

NAME OF PERSON MAKING THE NOMINATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHAPTER #: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ MEMBERSHIP #: \_\_\_\_\_

OTHER REQUIRED SIGNATURE: \_\_\_\_\_ (SEE CRITERIA)

OTHER REQUIRED SIGNATURE: \_\_\_\_\_ (SEE CRITERIA)