



**ENLISTED ASSOCIATION OF THE NATIONAL GUARD
OF THE UNITED STATES
AUXILIARY**

AWARD NOMINATION FORM

Date: _____ Submitted: _____

Award Category: _____

Nominee Name: _____

Address: _____

City/State/Zip Code: _____

State Affiliation: State _____ Annual _____ Associate _____ Life _____ National Life _____

Recommendation: _____

Support Documents: _____

Return nomination form and any support documents to the Awards Chair by 01 June of current year.

“Side by Side We Stand with Pride”