



Disabled American Veterans Department of Arizona

2026 DEPARTMENT OF ARIZONA MEMBER AWARDS NOMINATION

Forms shall be submitted electronically:

To: Adjutant@az-dav.org

Cc: Admin@az-dav.org

Admin2@az-dav.org

**Must be received by Department
NO LATER THAN April 01, 2026**

Nomination Category:

	Distinguished Service Award
	Disabled Veteran of the Year Award
	Department Appreciation Award

Distinguished Service Award: This is the Department's top award. Nominees must show exceptional service and dedication to DAV and the Veteran Community, and whose impact rises above the chapter level. *This is a once in a lifetime award.*

Disabled Veteran of the Year Award: Nominee must be someone who goes far above and beyond in his support of DAV and the Veteran Community. *This is a once in a lifetime award.* Winner of the Department Disabled Veteran of the Year Award is eligible for nomination for the National Disabled Veteran of the Year Award.

Department Appreciation Certificate: Nominee should be someone the chapter feels should be recognized for their contributions to DAV and the Veteran Community.

The Chapter of the Year Award and Commander of the Year Award are decided by the Commander.

Nominee Name: _____

Chapter: _____

Submitted By: _____

Address: _____

Contact Number: _____

Nominator Signature: _____

Chapter Commander Signature: _____

Date of submission to Department: _____

PLEASE TYPE OR PRINT, THE COMMITTEE MUST BE ABLE TO READ THIS

Nominee's involvement / achievements within DAV and other service organizations:

Nominee's involvement / achievements in the Community:

Describe why you think this Nominee deserves the award:

DISABLED VETERAN OF THE YEAR NOMINATIONS ONLY

Nominee's Name: _____

Work Address: _____

Home Address: _____

Phone # _____
 Work **Cell**

Email _____
 Work **Personal**

Date of Birth: _____ Place of Birth: _____ Marital Status: _____

Spouse's Name: _____ Children: _____

MILITARY SERVICE:

Date: ____ Enlisted ____ Drafted ____ Commissioned Conflict in which Veteran served: _____

Date of entry on Active Duty _____ Date Separated _____

Branch: _____ Highest rank: _____

DAV MEMBERSHIP:

Select One: ____ Life ____ Eligible ____ Not Eligible Chapter ____ Department: Arizona

VETERAN'S DISABILITIES

1. Service Connection (Include description of how disabilities were incurred)

2. Non-Service Connected

3. How Nominee overcame handicap(s)

4. Additional achievements or substantiation for this award