



## Disabled American Veterans Department of Arizona

### 2026 DEPARTMENT OF ARIZONA MEMBER AWARDS NOMINATION

Forms shall be submitted electronically:

To: [Adjutant@az-dav.org](mailto:Adjutant@az-dav.org)  
Cc: [Admin@az-dav.org](mailto:Admin@az-dav.org)  
[Admin2@az-dav.org](mailto:Admin2@az-dav.org)

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

#### Nomination Category:

	<b>Distinguished Service Award</b>
	<b>Disabled Veteran of the Year Award</b>
	<b>Department Appreciation Award</b>

**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 #** \_\_\_\_\_

**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**