

**ALASKA STATE AUXILIARY  
HALL OF FAME NOMINEE FORM**

**Nominee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Auxiliary name and number: \_\_\_\_\_

Date Nominee joined her auxiliary: \_\_\_\_\_

Nominee Birthdate: \_\_\_\_\_

**Nominating** Auxiliary name and number: \_\_\_\_\_

Attach information on Auxiliary career

A motion was duly made and passed on \_\_\_\_\_, to nominate \_\_\_\_\_  
for Hall of Fame Award.

\_\_\_\_\_  
\_\_\_\_\_, President

\_\_\_\_\_  
\_\_\_\_\_, Secretary

(Auxiliary Seal)

**Return this form and or letter no later than **Mar15th** for consideration to:**

**BJ Lebeck, SM Secretary  
Alaska State Auxiliary  
22775 McManus Dr  
Chugiak, AK 99567**