



<b>AFA NATIONAL USE ONLY</b> Membership Verification _____ Membership Expiration Date _____
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**Air Force Association  
Field Award Nomination Form**

Individual Award       Unit Award

**AWARD NOMINATED FOR:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **REGION:** \_\_\_\_\_

**NOMINEE'S FULL NAME:** \_\_\_\_\_

**AFA MEMBER #:** \_\_\_\_\_

**NOMINEE'S NAME ON AWARD SHOULD APPEAR AS FOLLOWS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOMINEE'S COMPLETE ADDRESS INCLUDING ZIP CODE:**

\_\_\_\_\_

\_\_\_\_\_

**PRIOR AFA CHAPTER, STATE AWARDS:**

\_\_\_\_\_

\_\_\_\_\_

**PRIOR AFA NATIONAL AWARDS:**

\_\_\_\_\_

\_\_\_\_\_

**NOMINATED BY:** \_\_\_\_\_

**STATE ENDORSEMENT:** \_\_\_\_\_

**REGION PRESIDENT ENDORSEMENT:** \_\_\_\_\_

**JUSTIFICATION:** \_\_\_\_\_

\_\_\_\_\_

