

**NAA AUXILIARY
HALL OF FAME APPLICATION**

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

SPOUSE'S NAME _____

SPOUSE'S BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BUSINESS PHONE _____

AUXILIARY PARTICIPATION- NATIONAL AND STATE:

COMMUNITY ACTIVITIES:

PERSONAL COMMENTS:

