

**WOMAN OF THE YEAR AWARD
IOWA STATE AUXILIARY**

Name _____

Address _____

Auxiliary No. and Name _____

Age of Member _____

Birthdate _____

Date Initiated/Re-Enrolled _____

Offices Held:

Chairperson of the following:

Other Organizations she belongs to:

Interests in Eagles:

Interests in the Community:

Eagle Projects

Youth Activities:

Senior Citizens:

Community Activities:

Church Activites:

Other:

Submitted By _____ **Date** _____