AMERICAN LEGION RIDERS POST 977

PATCH NOMINATION FORM

NOMINEE	
First Name	*Last Name*

DESCRIBE WHY YOU THINK THE NOMINEE QUALIFIES FOR THE 6 PATCH

PLEASE PRINT CLEARLY

Nominated By	*Date*

MEMBERSHIP COMMITTEE USE ONLY

FORM REC'D ____/____/_____ 6 Patch Presented to Member ____/____/_____

NOMINEE VOTED ON ____/____/_____ ☐ ACCEPTED ☐ REJECTED

ALR 977-1023