AMERICAN LEGION RIDERS POST 977

6 PATCH NOMINATION FORM

NOMINEE

NAME: _____
First Last

DESCRIBE WHY YOU THINK THE NOMINEE QUALIFIES FOR THE 6 PATCH

PLEASE PRINT CLEARLY

_____

_____

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_____

NOMINATED BY: _____ DATE: _____

MEMBERSHIP COMMITTEE USE ONLY

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

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

ALR 977-1023