The American Legion, Department of Wyoming
1320 Hugur Ave., Cheyenne, Wyoming 82001
(307) 634-3035 adjutant@wyolegion.org
wyolegion.org
"For God and Country"

OUTSTANDING MEMBERSHIP WORKER

(Please type or print)

District No._____
Post No._____

Name: _____Phone #'s: _____ _____
(Home) (Work)

Mailing Address: _____ Age: _____
(include Street or P. O. Box, Town, State and Zip)

Occupation/Profession: _____Title/Position_____

Marital Status: ☐ Single ☐ Married - Spouse's name: _____
If applicable, please list Children: (Names and ages):
_____

Member of The American Legion _____ years. Offices or committees held (name and year held)

_____

_____

Number of Legion members secured: New ____ Renewals _____ Reinstatements _____

Summarize the reason why you believe that your nominee should be selected. How has the Legionnaire promoted membership in your post, district and Department.

(Use reverse or additional sheets if more space is needed)

Current Post Membership Goal: _____
Current Post Membership: _____
Last year's Post Membership: _____

_____
Post Officer's Signature
_____
Title Date

INSTRUCTIONS: Please submit this form to your District Convention. The nominees judged first in each District will be submitted to the Department for final judging.

Revised: January 2026