



The American Legion, Department of Wyoming

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wyolegion.org

"For God and Country"

LEGIONNAIRE OF THE YEAR

(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 _____

Branch of Service: _____ Rank _____ Enlistment Date _____ Discharge Date: _____

Schools attended (list together with Degrees, Academic Honors, etc.)

Civic, Fraternal, Religious organizations and affiliations: (include office titles, etc.)

Summarize the reason why you believe that your nominee should be selected.

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

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.