



The American Legion, Department of Wyoming

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"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. Office 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.