



The American Legion, Department of Wyoming

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<https://www.facebook.com/americanlegionheadquarters>

"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. Office 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.