



# 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.*