

NOMINATION FORM

# RECRUITER OF THE YEAR

Post adjutants must send this form to department headquarters.

Department adjutants must send this form to The American Legion, Attn: Membership Division, P.O. Box 1055, Indianapolis, IN 46206.

Type or print:

In the Department of \_\_\_\_\_, the top new member recruiter of membership enrolled for current membership year as of May target date, and transmitted to National Headquarters, is:

1. Name \_\_\_\_\_ Post \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Number of new members enrolled (minimum 10) \_\_\_\_\_

**Attach list of names and ID numbers of new members.**

The next highest new member recruiter (make additional copies if needed):

2. Name \_\_\_\_\_ Post \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Number of new members enrolled (minimum 10) \_\_\_\_\_

**Attach list of names and ID numbers of new members.**

\_\_\_\_\_  
Post adjutant

\_\_\_\_\_  
Department adjutant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**This form must reach department headquarters on or before the May target date and National Headquarters by the last day of May.**