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.