

**THE AMERICAN LEGION  
DEPARTMENT OF NORTH CAROLINA**

***LEGIONNAIRE OF THE YEAR REPORT FORM***

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Address: \_\_\_\_\_

Post No.: \_\_\_\_\_ Location of Post: \_\_\_\_\_

Number of Years a Member: \_\_\_\_\_

Positions Held In Local Post: \_\_\_\_\_

Positions Held In District: \_\_\_\_\_

Positions Held in Division: \_\_\_\_\_

Person Submitting Report: \_\_\_\_\_ Post No.: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_

- Provide a letter describing why this person should be considered as “Legionnaire Of The Year”.
- Provide current year activities and accomplishments.
- Provide pictures, news clippings, showing community activities, Attach as many pages as necessary.
- Provide copies of letters of appreciation, accomplishments and any other awards received for the year. Attach as many sheets as necessary.
- **Please do not submit nomination in a binder or notebook of any kind.**

**NOTE:** Report is to be sent into Department Headquarters no later than May 30th for consideration.