

**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: _____

NOTE: Report is to be sent into Department Headquarters no later than May 30th for consideration. Provide a letter with information on why this person should be considered as "Legionnaire Of The Year". Current year activities are vital, past work is for reference only. Attach as many pages as necessary, pictures, news clippings, letters of reference are welcome.