

The American Legion
Department of North Carolina

Nomination for Post Commander of the Year

Post No. _____ Post Name _____

Post Location: _____

Post Commander's Name: _____ Age: _____

Post Commander's Address _____

Membership in Post # _____ stands at _____ as of _____ (Date).

List all activities that this person has been doing, over and above just being a presiding officer. Use extra sheets or pictures as necessary. Report must be submitted to Department Headquarters by **October 10, 2008**, for consideration. Please do not submit nomination in a binder or notebook of any kind. Award will be chosen and presented annually at the Fall Conference.

Signature of certifying officer

Date _____

Print name and office held