



## Nomination for Post Adjutant of the Year

Post No. \_\_\_\_\_ Post Name \_\_\_\_\_

Post Location: \_\_\_\_\_

Post Adjutant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Post Adjutant's Address \_\_\_\_\_

Membership in Post # \_\_\_\_\_ stands at \_\_\_\_\_ as of \_\_\_\_\_ (Date).  
(Final Membership for the Year)

**OR**

## 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).  
(Final Membership for the Year)

**Complete appropriate section above for Post Commander OR Post Adjutant.** Copy this form and complete separate form if submitting nomination for each officer, or contact Department Headquarters for more forms. All forms are also available on the website at [www.nclegin.org](http://www.nclegin.org). **List all activities that this person has accomplished for the membership year just completed, July - June, over and above just being a presiding officer, and attach appropriate supporting documents to this nomination form.** Please do not submit nomination in a binder or notebook of any kind, but do **please attach extra sheets or pictures as necessary.** Use this sheet as cover for nomination. Nomination must be submitted to Department Headquarters by **October 10**, for consideration. Award will be chosen and presented annually at the Fall Conference.

\_\_\_\_\_  
Signature of certifying officer

Date \_\_\_\_\_

\_\_\_\_\_  
Print name and office held