

**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.