The American Legion
Department of North Carolina

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.nclegion.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**. Uses 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.

_____ Date_____
Signature of certifying officer

_____
Print name and office held

Revised 10/14/2011