



The American Legion, Department of Wyoming

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WYLegion.org

"For God and Country"

OUTSTANDING MEMBERSHIP WORKER

(Please type or print)

District No. _____

Post No. _____

Name: _____ Phone #'s: _____
(Home) (Work)

Mailing Address: _____ Age: _____
(include Street or P. O. Box, Town, State and Zip)

Occupation/Profession: _____ Title/Position _____

Marital Status: Single Married - Spouse's name: _____

If applicable, please list Children: (Names and ages):

Member of The American Legion ____ years. Office or committees held (name and year held)

Number of Legion members secured: New ____ Renewals ____ Reinstatements _____

Summarize the reason why you believe that your nominee should be selected. How has the Legionnaire promoted membership in your post, district and Department.

(Use reverse or additional sheets if more space is needed)

Current Post Membership Goal: _____

Current Post Membership: _____

Last year's Post Membership: _____

Post Officer's Signature

Title

Date

INSTRUCTIONS: Please submit this form to your District Convention. The nominees judged first in each District will be submitted to the Department for final judging.