



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 and attach to this nomination form. Please do not submit nomination in a binder or notebook of any kind, but do please attached extra sheets or pictures as necessary.

Report must be submitted to Department Headquarters by **October 10, 2011**, for consideration. Award will be chosen and presented annually at the Fall Conference.

Signature of certifying officer

Date _____

Print name and office held