

LEGIONNAIRE OF THE YEAR – COVER FORM

*Post Legionnaire of the Year Chairs must complete this form and mail it to County Legionnaire of the Year Chairs along with your candidate's resume.
Deadline is March 1st.*

**COUNTY COMMANDERS: PLEASE MAKE COPIES OF THIS FORM AND
DISTRIBUTE TO POSTS IN YOUR COUNTY.**

NAME: _____

ADDRESS: _____

CITY/TOWN
ZIP CODE: _____

COUNTY NAME: _____ **POST #** _____

Chair Person

ATTESTED : _____
Commander

Adjutant