

20XX – 20XX
LEGIONNAIRE OF THE YEAR
AWARD APPLICATION
(As of 6-2019)

Membership No. _____ Post No. _____

Legionnaire's Name _____

Address _____

City _____ State AZ Zip _____

In **Bullet Background Paper (BBP)** format, please indicate your reasons for nominating this member. Include special achievements, community involvement, special projects and other information that will be helpful in selecting the most deserving Legionnaire of the Year. **This is a lifetime achievement award.** Paid Post, District or Department Employees do not qualify!

Approved at the regular meeting of _____ Post ____ #
(Name of Post)

on the _____
Day Month Year

Post Adjutant

Post Commander