NOMINATION FORM

DISTRICT SIX LEGIONNAIRE OF THE YEAR_____
LEGIONNARIE OF THE YEAR POSTHUMOUSLY_____
AMERICAN LEGION DEPARTMENT OF OHIO

Nominees Name:_____
Current Member: **yes**_____ **no**_____
Members Post #_____
Sponsoring Post#_____ **Sponsoring Legion Member**_____
Sponsoring County Council_____

List Veterans accomplishments below as defined in the Rules and Regulations for Determining the winner of the award.

(type or print)

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(use additional sheets if necessary) **(due by Dist. April Ex. Committee meeting)**