



# SONS OF THE AMERICAN LEGION DETACHMENT AWARD NOMINATION 20 \_\_

(Check one)

DUAL MEMBER OF YEAR       SAL MEMBER OF YEAR

ADJUTANT OF THE YEAR       ADVISOR OF YEAR       MOTHER OF THE YEAR

**All nominations must be received by May 1st.**

Mail or Email to the Detachment Adjutant

\*Application must be Typed or Printed neatly. Your application may be rejected if unreadable.\*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SQUARDON # \_\_\_\_\_ # \_\_\_\_\_ MEMBERSHIP \_\_\_\_\_ YEARS OF CONTINUOUS SERVICE \_\_\_\_\_

NOMINEE  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SQUARDON # \_\_\_\_\_ # \_\_\_\_\_ MEMBERSHIP \_\_\_\_\_ YEARS OF CONTINUOUS SERVICE \_\_\_\_\_

<u>OFFICES HELD (SQDN, DISTRICT, DIVISION, DETACHMENT, NATIONAL)</u>	<u>YEAR HELD</u>

<u>COMMITTEE (SQDN, DISTRICT, DIVISION, DETACHMENT, NATIONAL)</u>	<u>YEAR HELD</u>

