

# Iowa American Legion Nomination Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Post # \_\_\_\_\_ Post Location \_\_\_\_\_ District # \_\_\_\_\_

District / Department Office seeking: \_\_\_\_\_

or

District / Department Commission / Committee \_\_\_\_\_

Legion Experience: (attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason seeking this position: (attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: The American Legion of Iowa  
720 Lyon Street  
Des Moines, IA 50309-5481