

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