



THE AMERICAN LEGION
DEPARTMENT OF VERMONT
CALVIN COLE FINANCE OFFICER OF THE YEAR AWARD

NAME OF NOMINEE: _____

HOME ADDRESS: _____

CITY/STATE/ZIP _____

YEARS OF MEMBERSHIP: _____ MEMBER OF POST: _____

OFFICES/COMMITTEES HELD FOR CURRENT YEAR: _____

REASON FOR SUBMISSION (please attach achievements for this year only.)

INDIVIDUAL SUBMITTING NOMINATION: _____

CONTACT INFORMATION: PHONE _____ EMAIL _____

WILL THE NOMINEE BE ATTENDING THE DEPARTMENT
CONVENTION? _____ YES _____ NO

"THIS FORM MUST BE SUBMITTED TO: THE AMERICAN LEGION
DEPARTMENT OF VERMONT, P. O. BOX 396, MONTPELIER, VT
05601-0396, NO LATER THAN MAY 1ST."