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# SAL MEMBER OF THE YEAR

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Nomination Application



## Eligibility Requirements

The Nominee Must:

- ❖ Be a member in good standing; and be verified by the Detachment.
- ❖ Cannot have held any office higher than Detachment Vice-Commander;
- ❖ Shown community involvement;
- ❖ Shown outstanding service within the Squadron;
- ❖ Have supported and actively participated in The Sons of The American Legion programs; and
- ❖ Exemplify our commitment to the American Legion Family.
- ❖ Nominee cannot have nominated himself, it must come from someone in the Squadron with knowledge of the nominee's accomplishments.

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*Please type or print out nomination, so that we can easily read the information, and this is where we get the name for the plaque, so think about that as you fill out nomination.*

*Must be submitted to Adjutant by June 15, no exceptions. Nominations received after June 15th, will be held till the next year.*

*Please return completed nominations to: Brian Kessler; Detachment Adjutant; P.O. Box 624; Lake Park, IA 51347. For more information call 712-330-1739 or email [kesslerb@mchsi.com](mailto:kesslerb@mchsi.com). This form is also available online at [www.iowasal.org](http://www.iowasal.org).*

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Sons of The American Legion of Iowa  
 SAL Member of the Year  
 Nomination Application  
*Must be Submitted to Adjutant by June 15*  
Please type or print legibly.



Date: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_  
Street/P.O. Box
City
State
Zip

Contact: \_\_\_\_\_  
Home Phone
Cell Phone
Email Address

Nominee's Membership Identification Number: \_\_\_\_\_

Nominee Attended:  Convention  Mid-Winter Conference  Fall or Spring Conference  
 Doesn't have any bearing on nomination, just like to know if we have meet before.

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**Full Name and Address of Sons of The American Legion Squadron**

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Squadron Name & Number: \_\_\_\_\_  
Legal Name
Number

Address: \_\_\_\_\_  
Street/P.O. Box
City
State
Zip

Contact: \_\_\_\_\_  
Post Phone
Email Address

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**Nominator's Name & Address**

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Nominator's Name: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_  
Street/P.O. Box
City
State
Zip

Contact: \_\_\_\_\_  
Home Phone
Cell Phone
Email Address

Nominator's Membership Identification Number: \_\_\_\_\_

**In 750 words or less, printed or typewritten on a separate piece of paper, tell us about the nominee and how the S.A.L. Member is of service to the Squadron and community.**