



**NATIONAL COMMANDER'S
AMERICAN LEGION
POST EXCELLENCE AWARD**

DEPARTMENT OF IOWA

POST INFORMATION & CERTIFICATION:

Post #: _____

Post Name: _____

Post Address: _____

City State Zip: _____

Post Phone: _____

Post Commander Name: _____

Phone: _____

Post Commander Signature: _____

District #: _____

District Commander Name: _____

District Commander Signature: _____

(Department Headquarters will obtain if necessary)

MEMBERSHIP:

Prior Year Final Post Membership: _____

Current Year Post Membership: _____

Post officer attended District meeting Yes

YOUTH ACTIVITIES:

- Boys State Baseball Junior Shooting Sports
 Oratorical Boys Scouts

Describe youth program activities:

Attach additional pages if necessary.

COMMUNITY SERVICE:

Describe community service activities:

Attach additional pages if necessary.

SERVICE TO U.S. TROOPS OR VETERANS:

Describe service to U.S. troops or veterans:

Attach additional pages if necessary.

SUBMISSION INFORMATION:

Submit this form with any additional pages and supporting documentation to:

**The American Legion of Iowa
Attn: Post Excellence Award
720 Lyon Street
Des Moines, IA 50309**