SONS OF THE AMERICAN LEGION DETACHMENT OF CALIFORNIA
MANUAL S. CORDERO JR. - LEGIONNAIRE OF THE YEAR
AWARD NOMINATION FORM

(full name) _____ (Legion membership id number) _____ (date of birth) _____

(address) _____ (city) _____ (state) _____ (zip+4) _____

(telephone number) _____ (post number) _____ (post name) _____ (continuous years) _____

(name of person or squadron making nomination) _____ (telephone number) _____ (e-mail address) _____

PLEASE COMPLETE ALL QUESTIONS IN ALL CATAGORIES

(SAL Membership is not a requirement for consideration; this section simply illustrates past and present program participation)

YES ☐ NO ☐ Post Officer	Year	Title	
YES ☐ NO ☐ District Officer	Year	Title	
YES ☐ NO ☐ Department Officer	Year	Title	
YES ☐ NO ☐ Life Member	Year Awarded	Continuous Years	
YES ☐ NO ☐ S.A.L. Member	Membership #	Continuous Years	

Please provide a brief history of this nominee's accomplishments and why he/she should receive award.

CERTIFICATION:

Squadron / Post Commander _____ Date _____

Squadron / Post Adjutant _____ Date _____

Squadron Advisor _____ Datr _____