

VETERANS OF FOREIGN WARS DEPARTMENT OF WASHINGTON

STATE VETERAN OF THE YEAR NOMINATION

1. Nominee's Name: _____

2. Hat Size: _____ Home Phone: _____ Cell Phone: _____

3. Post Name & Number: _____

4. Post Phone Number: _____

4. Office(s) held: (Assignments of Nominee in the Post/District) _____

5. Nomination Officer of the Post/District: _____

Post Chairman Signature (If applicable): _____ Post _____

District Chairman Signature: _____ District _____

Please submit this form along with the "Veteran of the Year Criteria" paperwork to:

**John Beam
5213 Pacific Hwy E
Fife, WA 98424
425-486-2637**