

**American Legion**  
**Department of Wyoming Membership Award**  
**2011-2012 Certification Form**  
(Duplicate as needed)

Return to: **The American Legion Dept of Wyoming** Fax **307-635-7093**  
**Membership Award**  
**1320 Hugur Ave**  
**Cheyenne, Wyoming 82001**

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

Recruiter's Name and Membership number: \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**LIST New Members** (Include full name, post, and membership number)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

\_\_\_\_\_  
Post Adjutant signature and date Use additional sheets as needed: (Page \_\_\_ of \_\_\_)