

VFW Employer of the Year Award Nomination Form



Nominator: _____ Post # _____

Phone Number: _____

Email: _____

Employer's Business Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Employer Point of Contact: _____

POC Phone Number: _____

POC Email: _____

Why do you feel this employer deserves this award (use additional sheets if necessary)?

Supporting Documentation (newspaper articles, pictures etc.) attached? Yes: ____ No: ____

Application must be submitted no later than **March 1, 2024** to: Department of New York VFW,
Attn: State Adjutant; 69 Sand Creek Road, Albany, NY 12205 or by email to the State Adjutant at
Adjutantdny@vfwny.com.