

VFW Member of the Year



Name of Nominee: _____

Membership #: _____ Post #: _____ District: _____

Address: Street/PO Box _____

City _____ State _____ Zip code _____

Email: _____

Phone Number: _____

Name of Nominator: _____

Nominator Phone: _____ Nominator Email: _____

Supporting Documentation (Newspaper articles, pictures, etc.) attached ? : Yes _____ No _____

Why did you nominate this person? (Use additional sheets if necessary) :

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.