JIMMY D. LEMLEY AWARD
OUTSTANDING POST ADJUTANT AWARD

Post Adjutant: _____ **ID #:** _____
(name)

Post Location: _____ **Post #** _____

Post Officer recommending above Post Adjutant:

Name: _____ **Phone #** _____

Title: _____

Reasons for recommendations for this award (narrative):

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Signature: _____ **Date:** _____

Application Form must be received at Department Headquarters by January 1st