National Society of the Sons of the American Revolution

NOMINATION FOR THE MINUTEMAN AWARD

	For the year _			
Name:			Date of admission:	SAR Nat #:
Mailing Address:		Sta	te Society:	
City:				7:0 Code
Gity.			State:	Zip Code:
Nomination submitted by: _		/		
	(print Proposer's name)		Proposer's Signature	
Society President: (or Secretary)	(print name)		Society President Signature	
All information presented is	complete and truthful to the best	of my	knowledge:	
Nom	inee signature:			

- 1. Refer to the Guidelines and Prerequisites published in Volume III of the SAR Handbook and posted on the NSSAR website before attempting to use this Nomination Form.
- 2. Only National activity will be considered. Do not include State, Chapter or Community activities for this award.
- 3. For all offices held, elective or appointive, the year indicated must be the year appointed or elected. Example: (1999 2000 not acceptable, list only, 1999.) The National Society will not supply this information.
- 4. No endorsements are to be included. Contact State Secretaries for new member information if necessary, as it will not be supplied by the National Headquarters.
- 5. Complete the Nomination Form on the reverse side of this page.
- 6. Nominee must sign the Form. The Society President or Secretary must also sign your Nomination Form.
- 7. Submitted to National Headquarters in duplicate. Nominations must be received at the National Headquarters no later than January 1 of the year of consideration.

CATEGORY OF SERVICE	YEARS SERVED OR EXPLAINED		
GENERAL OFFICER PRESIDENT OF SAR FOUNDATION			
VICE PRESIDENT GENERAL CHAIRMAN, CAPITAL CAMPAIGN			
EXECUTIVE COMMITTEE ELECTED MEMBER SAR FOUNDATION BOARD			
NATIONAL TRUSTEE			
ALTERNATE NATIONAL TRUSTEE			
NOMINATING COMMITTEE MEMBER			
MEMBER NATIONAL COMMITTEE (indicate Chairman with 'C' after year) (indicate Vice Chairman with 'VC' after year)			
NATIONAL CONGRESSES ATTENDED			
LEADERSHIP/TRUSTEES MTGS ATTENDED (Fall & Spring Meetings Only)			
ORGANIZER OF NEW CHAPTER Provide name of new Chapter and Date Chartered.			
DEVELOPER OF NEW PROGRAM Nationally Approved Programs Only By Executive Committee. Must be fully implemented.			
NEW MEMBER FIRST LINE SIGNER			
Provide Names & National # of new members (The National Headquarters will not supply this information)			
OTHER SIGNIFICANT SERVICE			
MONETARY DONATIONS (\$1000 minimum)			