

MG ROBERT A. MCCLURE MEDALLION NOMINATION FORM

1. NOMINATION SUBMITTED BY:

- a. Last Name, First Name: _____
- b. E-Mail: _____
- c. Non-Governmental E-Mail: _____
- d. Phone: Day: _____ Evening: _____
- e. Relationship to Nominee: _____

2. NOMINEE'S INFORMATION:

- a. Full Name: Last: _____, First: _____ MI: _____
- b. Rank / Grade: _____
- c. E-Mail Address: _____
- d. Non-Governmental E-Mail Address: _____
- e. Phone: Day: _____ Evening: _____
- f. Mailing Address: _____

3. Current Status: Active: _____, Retired: _____, Separated: _____, Civilian: _____

4. Date Retired or Separated (if applicable): _____

5. Date KIA or Deceased (if applicable): _____

6. Nomination Category: Check only one (1)

- a. _____ MG Robert A. McClure Medallion – Gold
- b. _____ MG Robert A. McClure Medallion – Silver
- c. _____ MG Robert A. McClure Medallion – Bronze