MG ROBERT A. MCCLURE MEDALLION NOMINATION FORM

1. NOMINATOR INFORMATION:
   a. Full Name: Last: _____, First: _____ MI: _____
   b. Rank / Grade: _____
   c. E-Mail: _____
   d. Non-Governmental E-Mail: _____
   e. Phone: Day: _____ Evening: _____
   f. Relationship to Nominee: _____
   g. Status: Active: ☐, Retired: ☐, Separated: ☐, Civilian: ☐
   h. Current unit of assignment (if applicable): _____

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: _____
   g. Status: Active: ☐, Retired: ☐, Separated: ☐, Civilian: ☐
   h. Current unit of assignment (if applicable): _____
   i. Date Retired or Separated (if applicable): _____
   j. Nominee's Date KIA or Deceased (if applicable): _____

3. Nomination Category: Check only One
   a. ☐ MG Robert A. McClure Medallion - Gold
   b. ☐ MG Robert A. McClure Medallion - Silver
   c. ☐ MG Robert A. McClure Medallion - Bronze