

**AIR CADET LEAGUE OF CANADA
NOMINATION FOR CERTIFICATE OF MERIT**



To be submitted in triplicate.
Please read Terms of Reference before completing form.

1. NOMINATOR: Name and Address

2. DATE: _____
3. SURNAME OF NOMINEE: _____
GIVEN NAMES: _____
4. MARITAL STATUS: SINGLE: _____ MARRIED: _____
5. DATE OF BIRTH: DAY: _____ MONTH: _____ YEAR: _____
6. SEX: MALE: _____ FEMALE: _____
7. PLACE OF BIRTH: _____
8. PRESENT CITIZENSHIP STATUS: _____
9. ADDRESS: _____

10. PRESENT OCCUPATION: _____
OFFICIAL POSITION: _____
11. DATE OF FIRST AFFILIATION WITH AIR CADET LEAGUE: _____

12. OFFICES HELD IN THE AIR CADET PROGRAM:

13. HONOURS, AWARDS, DECORATIONS PREVIOUSLY GRANTED, WITH DATES:

14. CITATION:

15. RECOMMENDATION of Provincial Chairperson:

Signature

HONOURS & AWARDS COMMITTEE

APPROVED: 1. _____
2. _____
3. _____
4. _____

NOT APPROVED: 1. _____
2. _____
3. _____
4. _____

DATE: _____