

NATIONAL INFANTRY ASSOCIATION

P.O. Box 2823, Columbus, GA 31902, Phone (706) 323-2560 Fax (706) 323-0967

THE SHIELD OF SPARTA NOMINATION FORM

1. _____
Name of the nominee

Address of Nominee

City State Zip Code

Nominee's Phone Number

2. _____
Name of Nominator including Rank/Grade Date of Submission

Address of Nominator (street address, not unit or PO Box, required for normal UPS shipping within CONUS)

City State Zip Code

() _____ () _____
Nominator's Phone Fax Number Nominator's NIA Chapter/Mbr No.

3. Enclosed is the appropriate payment for the Award Package (Medallion & Certificate):

<input type="checkbox"/> Shield of Sparta	\$20.00	each	=	\$ _____
Handling	\$ 5.00			\$ <u>5.00</u>
Special Rush Handling	\$10.00			_____

TOTAL _____

Express Delivery will cost more. Rush orders requiring special handling will cost an additional \$10.00. Please call ahead to get an exact amount on an express delivery or to determine if there will be a rush order charge.

Check payable to NIA enclosed, or charge to: Mastercard VISA AMEX

Signature _____

Credit Card Number _____ Exp. Date _____

4. For Use by Approving Authority:

1. _____
Signature of Approving Authority Date Signed

2. _____
Name and Rank or Grade of Approving Authority (Please Print or Type)

3. _____
Title and Affiliation of Approving Authority

4. _____
Address of Approving Authority

5. _____
City State Zip Code

5. Anticipated date and location of induction ceremony: _____

ATTACH NARRATIVE ON SEPARATE SHEET

(Allow 30 days after final approval for processing of medal and certificate)