

**WISCONSIN NATIONAL GUARD ENLISTED ASSOCIATION  
NOMINATION FORM**

\_\_\_\_\_  
(NAME OF AWARD)

**NOMINEE:**

\_\_\_\_\_  
(rank), (ret), First, MI and Last name)

**ADDRESS:**

\_\_\_\_\_  
(number, street and apartment)

\_\_\_\_\_  
(city, state. zip code)

TELEPHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

MILITARY UNIT: \_\_\_\_\_  
(Full Designation Name, and Indicate Army or Air):

UNIT ADDRESS: \_\_\_\_\_  
(number, street)

\_\_\_\_\_  
(city, state. zip code)

INCLUSIVE DATES OF SERVICE: \_\_\_\_\_ thru \_\_\_\_\_  
(single date if accomplishment stands out above all others)

**DESCRIPTION OF SERVICE OR ACT:**

**NOMINATION SUBMITTED BY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Submission to WNGEA: \_\_\_\_\_

**CERTIFICATION:**

\_\_\_\_\_  
(Approval signature of WNGEA president)

\_\_\_\_\_  
(term expires)