

## North West Territory Alliance Order of Merit Application

Each recipient <u>must</u> have completed 7, 14, 21, 28, or 35 consecutive years of membership in good standing in the North West Territory Alliance.

Date of application:	<del></del>
	edal must accompany this application when submitted.  heck for all unit medals payable to: North West Territory Alliance
Name of Recipient:	
Address (complete):	
Phone number:	
E-mail address:	
Name of Unit:	
Year being recreated by the u	
Name and Rank of 18 <sup>th</sup> Center Commander of the unit:	ury senior
Ribbon Color: (check one)	Continental (blue) Crown forces (red) French (white) German (red or green) (circle one)
Presentation Method:	Presented at NWTA encampment (notify both the Host unit & NWTA Commander) Presented by Unit Commander Send directly to recipient
Send Medals to:	
Name:	
Address:	
City, State, Zip code:	

This form may be reproduced as many times as necessary.

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I certify that	is eligible for membership in the
(Name of recipient) Order of Merit and has been a member, in g	good standing of the North West Territory
Order of Merit and has been a member, in g	good standing, of the North West Termory
Alliance for consecuti	ve years.
(number)	
Signature of Recipient:	
Signature of Unit Commander:	
Phone # of Unit Commander:	
Mail application and cost of medal directly to Order of Merit Dan Ervin 7902 Kasper Pkwy Waterford, WI 53185 Contact information:	D:
Phone: 262-930-8478 Email: adjutant@nwta.com	
<u>Department</u>	nt Use Only
☐ Verification from NWTA Adjutant (neede	ed before recipient can receive medal)
Approved:	
Authorized Signature:	
Printed Name:	
Date signed:	
☐ Disapproved:	
Reason:	
Issue Number (on reverse of medal)	<u> </u>

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