



**INTERNATIONAL AIR CADET EXCHANGE ASSOCIATION
NOMINATION FOR MEDAL OF HONOUR**

FORM IACEA 1A

To be submitted in triplicate

Please read Terms of Reference before completing form

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

10. PRESENT OCCUPATION: _____
OFFICIAL POSITION: _____
11. DATE OF FIRST AFFILIATION WITH IACE: _____
12. OFFICES HELD IN THE IACE PROGRAMME:

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

14. RECOMMENDATION OF COUNTRY OR PERSON:

Signature

15. CITATION:

HONOURS & AWARDS COMMITTEE

APPROVED: 1 _____

NOT APPROVED: 1 _____

2 _____

2 _____

3 _____

3 _____

4 _____

4 _____

DATE: _____



**INTERNATIONAL AIR CADET EXCHANGE ASSOCIATION
NOMINATION FOR MEDAL OF HONOUR**

FORM IACEA 1B

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. MALE: _____ FEMALE: _____

7. PLACE OF BIRTH: _____

8. PRESENT CITIZENSHIP STATUS: _____

9. ADDRESS: _____

10. PRESENT OCCUPATION: _____

OFFICIAL POSITION: _____

11. DATE OF FIRST AFFILIATION WITH IACEA: _____

12. OFFICES HELD IN THE IACEA PROGRAMME:

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

14. CITATION:

15. RECOMMENDATION OF THE COUNTRY OR PERSON:

Signature