FOR OFFICE USE ONLY F_____

Military Police Regimental Association

Friend of the Regiment Request Form

RECOMMENDER INFORMATION

Rank / Name_____ Member #_____

Unit/Org_____

Address_____

City, State, Zip_____

Phone_____

Email_____

****Recommender and Approver *MUST be* CURRENT members of the MPRA.**

SEND Submissions to:

Military Police Regimental Association
ATTN: Awards
P.O. Box 2182
Ft. Leonard Wood, MO 65473
Work Cell: 573.902.8413
Office: 573.329.5317 / 573.329.6772
MPRAawards@gmail.com
MPRAGiftShop@gmail.com

NOMINEE/RECIPIENT INFORMATION **Complete entire form. Please don't type in all CAPS—use normal Upper/lower case.**

Rank/Grade/Mr./Mrs./Ms_____ Name_____

Current Unit/Organization_____

Type of Ceremony_____ Planned Presentation Date_____

The following criteria has been satisfied: (check as appropriate)

Recommender is current MPRA Member..... ☐ Yes ☐ No

Accompanying narrative and documents clearly

substantiate that the nominee meets the established criteria..... ☐ Yes ☐ No

SUBMISSION REQUEST

Approver must be a Military Police LTC or above, Deputy Commandant, Military Police Nominative Command or Nominative Staff Sergeants Major, or Chief Warrant Officer Five and a current standard member. **Allow 4 weeks for processing.**

Approver Name_____

Member #_____

Approver Signature_____

Award cost: $50.00 Add $10.00 for requests within two weeks of presentation date.
Additional cost for rush delivery or overnight receipt.

NOTE: For your security, payment arrangements can be co-ordinated via phone and NOT REQUIRED until approval noti ication.

☐ Check or Money Order Enclosed. (No Govt. POs)

☐ Credit Card #_____

Exp. Date_____ Security Code_____ Billing ZIP Code_____

Signature_____

MPRA should mail processed medal to: **MUST BE A RESIDENTIAL ADDRESS.**

Name_____

Address_____

_____

PAYMENT CONTACT Complete if someone other than the recommender will arrange payment.

Rank/Name _____ Phone _____ Email _____