TO: Secretary, MFNZ,
13 Collins Crescent
Feilding 4702

WINGS BADGE and/or TYPE CERTIFICATE ORDER FORM

CLUB NAME & No: _
(***As you want it to appear on badge***)
ADDRESS TO SEND ORDER TO: _

CONTACT NAME: PHONE NO: /_____

_

"The following financial members of our club have passed the MFNZ RC Flight Proficiency Program and have been certified as being proficient by a club approved examiner."

(Signed)……..(Date)……

MEMBER CODE	**MEMBER'S NAME** (Print) (***As you want it to appear on badge***)	Badge Required? ***Yes/No*** If cert only required enter "cert only"	CROSS if you ***don't*** want Club name on the badge	*MODEL TYPE(S)* 'BP' 'LP' 'GD' 'TJ' 'PN' 'HP' 'HP-T'

NUMBER OF WINGS BADGES REQUIRED (INCLD CERT) x $**15.00** =$

OFFICE USE ONLY

RECD: _____
DATE SENT: _____
PAYMENT RECD: $ _____

PAYMENT MUST ACCOMPANY ORDER

Please allow approximately 14 days for badge orders to be completed.