

TO: Secretary, NZMAA,
 P.O. Box 27 041
 Mt Roskill
 AUCKLAND
 1030



WINGS BADGE and/or TYPE CERTIFICATE ORDER FORM

CLUB NAME: _____
 (*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 NZMAA RC Flight Proficiency Programme and have been certified as being proficient by a club approved examiner.”

(Signed).....(Date).....

MEMBER CODE	MEMBER'S NAME (Print) <i>(As you want it to appear on badge)</i>	Badge Required? <i>Yes/No</i>	CROSS if you <i>don't</i> want Club name on the badge	MODEL TYPE(S) ('S' 'A' 'F' 'M' or 'H')

NUMBER OF WINGS BADGES REQUIRED _____ x \$12.00 = \$ _____

PAYMENT MUST ACCOMPANY ORDER

(Note: No charge for Certificates)

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

<u>OFFICE USE ONLY</u>	
RECD:	_____
DATE SENT:	_____
PAYMENT RECD:	\$ _____