



# NORTH AMERICAN DIVISION (NAD) WORKING POLICY ORDER FORM

DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

PLEASE CHECK THE BOX THAT REFERS TO YOU:  
**(This section MUST be completed in order to respond to your request)**

- |  |   |
|--|---|
| <input type="checkbox"/> NAD Union Officer ( <i>President, Secretary, Treasurer</i> )      | <input type="checkbox"/> Union/Conference Administrative Assistant  |
| <input type="checkbox"/> NAD Conference Officer ( <i>President, Secretary, Treasurer</i> ) | <input type="checkbox"/> Other _____<br><i>(i.e., please indicate if you are an NAD layperson/church member, pastor, teacher, etc.)</i> |

**SHIP TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the items below that you are ordering and indicate the quantity.

PRODUCT ITEM/NUMBER:	PRICE	QUANTITY:
2016-2017 NAD Working Policy Book (NAS1000)	\$20.00	_____
2016-2017 NAD Working Policy Loose Leaf (NAS1005)	\$15.00	_____
2016-2017 NAD Working Policy CD (NAS1010)	\$ 5.00	_____

*(Note: Prices subject to change.)*

**FORM OF PAYMENT** (NO Credit Cards or Cash). Please indicate your form of payment below:

- Bill my organization. The Purchase Order Number is \_\_\_\_\_
- Personal Check or Money Order Enclosed (Make checks or money orders payable to North American Division and write on the memo line "NAD Working Policy.")