



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 _____
<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.")