

SECTION I General

After completing this form, either scan it and email it to OfficeAdmin@cgauxa.org -OR-
Fax it to CGAuxA @ (618) 823-5029

SECTION II Member Ordering the kit(s)

Member ID _____ Dist/Div/Flot # _____
Last Name _____ First Name _____

SECTION III Billing Address

Street & Number _____
City _____ State _____ Zip _____

SECTION IV Shipping Address

Check here if
same as Billing

Street & Number _____
City _____ State _____ Zip _____

SECTION V Division Frocking Kit(s)

| Elected Positions | SKU | Item | Price | Quantity | Total Price |
|---------------------|----------|----------------------------------|-------|----------|-------------|
| DCDR | 6-62156 | DCDR – Enhanced Shoulder Boards | \$ | | |
| | 6-60207 | DCDR – Collar Device | \$ | | |
| | S6-60229 | DCDR – ODU Collar Device | \$ | | |
| | S6-60251 | DCDR – Auxiliary Parka Tab | \$ | | |
| | 3-36437 | DCDR – Officer Pennant | \$ | | |
| VDCDR | 6-62155 | VDCDR – Enhanced Shoulder Boards | \$ | | |
| | 6-60206 | VDCDR – Collar Device | \$ | | |
| | S6-60228 | VDCDR – ODU Collar Device | \$ | | |
| | S6-60250 | VDCDR – Auxiliary Parka Tab | \$ | | |
| | 3-36488 | VDCDR – Officer Pennant | \$ | | |
| Appointed Positions | | Item | Price | Quantity | Total Price |
| Staff Officers | 6-62154 | Enhanced Shoulder Boards | \$ | | |
| | 6-60205 | Collar Device | \$ | | |
| | S6-60228 | ODU Collar Device | \$ | | |
| | 6-60248 | Auxiliary Parka Tab | \$ | | |
| | 3-36496 | Officer Pennant | \$ | | |

| All Positions | SKU | Item | Price | Quantity | Total Price |
|---------------|---------|---------------------|-------|----------|-------------|
| | 5-50400 | Past Officer Device | \$ | | |

*** Prices subject to change

Sub-Total - - - cost of
Division Kits ordered

SECTION VI Flotilla Frocking Kit(s)

| Elected Positions | SKU | Item | Price | Quantity | Total Price |
|----------------------|----------|--------------------------------|-------|----------|-------------|
| FC | 6-62153 | FC – Enhanced Shoulder Boards | \$ | | |
| | 6-60204 | FC – Collar Device | \$ | | |
| | S6-60227 | FC – ODU Collar Device | \$ | | |
| | S6-60249 | FC – Auxiliary Parka Tab | \$ | | |
| | 3-36242 | FC – Officer Pennant | \$ | | |
| VFC | 6-62152 | VFC – Enhanced Shoulder Boards | \$ | | |
| | 6-60203 | VFC – Collar Device | \$ | | |
| | S6-60226 | VFC – ODU Collar Device | \$ | | |
| | S6-60248 | VFC – Auxiliary Parka Tab | \$ | | |
| | 3-36285 | VFC – Officer Pennant | \$ | | |
| Appointed Positions | | Item | Price | Quantity | Total Price |
| Staff Officers | 6-62151 | Enhanced Shoulder Boards | \$ | | |
| | 6-60202 | Collar Device | \$ | | |
| | S6-60225 | ODU Collar Device | \$ | | |
| | S6-60247 | Auxiliary Parka Tab | \$ | | |
| | 3-36289 | Officer Pennant | \$ | | |
| | | Item | | | |
| All Positions | 5-50400 | Past Officer Device | \$ | | |

*** Prices subject to change

**Sub-Total - - - cost of
Flotilla Kits ordered**

Total cost all Kits ordered

SECTION VII Payment Information

Purchasers Telephone Number Home: _____ Cell: _____

Credit Card Information:

Card Type: AMEX VISA Master Card Discover

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ MM/YY CCV Code: _____

Card Holder's Signature _____

_____ Date