

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	\$		
	S6-60226	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