NORTH NEW ZEALAND CONFERENCE

Adventurer and Pathfinder

Investiture notification form

Club details

Club: _____ ☐ Adventurers ☐ Pathfinders *Tick one*

Director: _____ Phone: _____

Email: _____

Investiture details

Date of Investiture: _____ District Director Conducting Investiture: _____

Investiture Applicants - Use additional form if required

Class	Adv	Given Name (First name)	Family name (Last name)
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Please note: All expenses will be charged directly to your local church via your ABC account unless other payment options are requested

Delivery/Pick up details - *Please choose one of the following*

☐ We will pick up our pins directly from the Adventist Book Centre (ABC)

☐ Please post our pins to (name): _____

House number: _____ Street: _____

Town/City: _____ Post code: _____

Verification - *Please note if the form is in electronic form an attached email from the verifiers will act as their signature*

Pathfinder Director: _____ Signature: _____

District Director: _____ Signature: _____