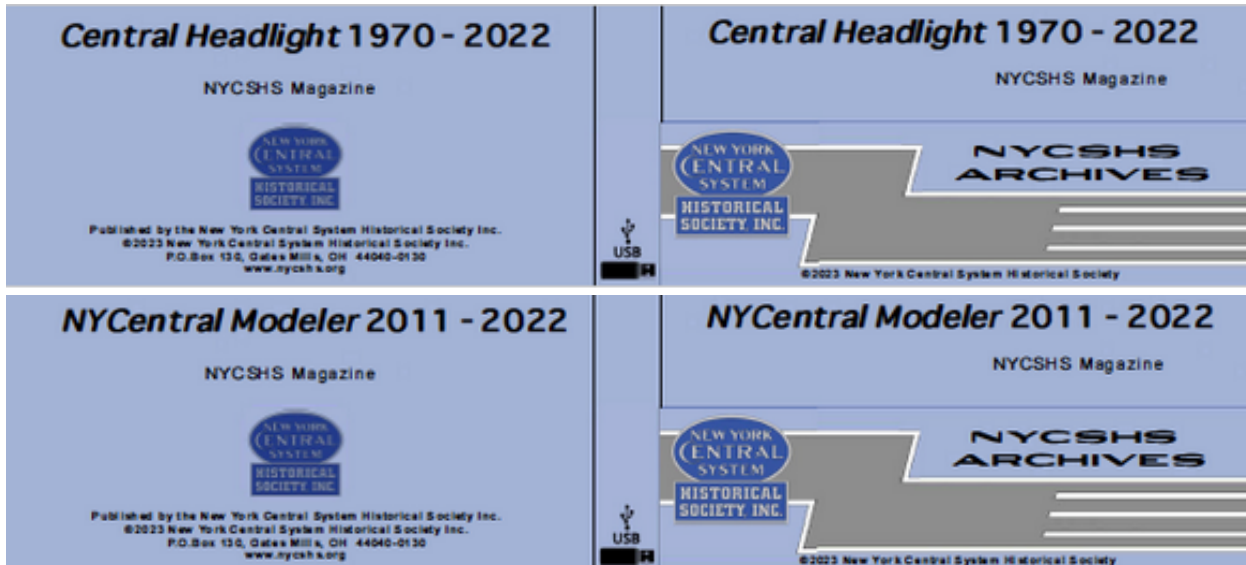




NYCSHS *Central Headlight* & *NYCentral Modeler* Flash Drives

Order Form



Please Print

Name _____ Member # _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ Email _____

Number of **Central Headlight** Flash Drives ____ @ \$59.00 - non-members, ____ @ \$45.00 -

NYCSHS members each. Total Amount Paid \$ _____

Number of **NYCentral Modeler** Flash Drives ____ @ \$44.95 - non-members, ____ @ \$29.95 -

NYCSHS members each. Total Amount Paid \$ _____

Please send form to: **NYCSHS**
Noel Widdifield, Treasurer
P.O. Box 1597
Leesburg, VA 20177-1597

Please make checks payable to NYCSHS, Inc.