

Please fill out this form, make a copy for your records
and mail it to:

Norwescon
Attention: Registration
PO Box 68547
Seattle, WA 98168-0547

NORWESCON REQUEST FORM FOR
MEMBERSHIP TRANSFER

Please transfer my membership for the current Norwescon, # _____ ,

FROM

NAME _____

ADDRESS _____

CITY _____

STATE/PROV _____ ZIP _____

TO

NAME _____

ADDRESS _____

CITY _____

STATE/PROV _____ ZIP _____

BIRTHDATE ____/____/____

It is understood that the person receiving the transferred membership must still fill out a current membership form, and present a valid photo identification. If the current member is a minor, their parent/guardian must sign the transfer request. If the new member is a minor, the transfer must be accompanied by the same minor permission slip used for new memberships. This form is downloadable from the web site. The transfer request may be sent by mail prior to the pre-registration cutoff date, or delivered to Registration in person at the convention.

Member Signature _____ Date: ____/____/____

Parent / Guardian Signature _____ Date: ____/____/____

Registration Use Only:

Date received by Norwescon Registration: ____/____/____

Date that the member was notified by (e-mail / mail) that the Transfer form was received: ____/____/____