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

Norwescon

Attention: Registration

100 Andover Park W, Suite 150-165

Tukwila, WA 98188-2828

NORWESCON _____ REQUEST FORM FOR MEMBERSHIP ROLLOVER

l,	will not be able to attend Norwescon # I am submitting this request to (PLEASE PRINT)
Rollove	r my membership, to myself, for Norwescon (20). I understand that a member may transfer their
membe	rship to the following year by submitting a written signed request to Norwescon that is mail dated no later than
30-days	following the convention for which the membership was issued. Once a membership issued for one year has
been tra	ansferred to the following year, it may not be transferred again to any year after that. If a membership goes
unused	the year it is issued, and the year following, it is forfeit.
Signatu	reDate:/
Daytime	e phone number (in case of questions):
Contac	t email (in case of questions):
	Completed forms may also be submitted by email to registration@norwescon.org.
	Registration Use Only:
	Date received by Norwescon Registration:/
	Date Member was notified by (e-mail / mail) that the rollover is in effect: