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 TRANSFER

MEMBERSHIP TRANSFER			
Please transfer my membership for the	e current Norwescon, # (20),		
	<u>FROM</u>		
NAME			
ADDRESS			
CITY	STATE/PROV	ZIP	
	<u>TO</u>		
NAME			
ADDRESS			
CITY	STATE/PROV	ZIP	
BIRTHDATE/			
present valid photo identification. If the request. If the new member is a minor, new memberships. This form is downlo	ng the transferred membership must still fill out a e current member is a minor, their parent/guardian the transfer must be accompanied by the same madable from the website. The transfer request mated to Registration in person at the convention.	n must sign the transfer inor permission slip used f	or
Member Signature	Date: _		
Daytime phone number (in case of que	stions):		
Contact email (in case of questions): _			
Completed forms mo	ay also be submitted by email to registration@no	rwescon.org.	
Registration Use Only:			
Date received by Norwescon	Registration:/		
Date Member was notified by	y (e-mail / mail) that the rollover is in effect:		