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 37 REQUEST FORM FOR MEMBERSHIP TRANSFER

Please transfer my membership for the current Norwescon, #37 (2014),

FROM

, , , , , , , , , , , , , , , , , , ,		
ADDRESS		
	STATE/PROV	ZIP
	<u>TO</u>	
NAME		50505155
ADDRESS		
	STATE/PROV	ZIP
BIRTHDATE/		
•	ransfer must be accompanied by the same rale from the website. The transfer request m	· · · · · · · · · · · · · · · · · · ·
ore-registration cutoff date, or delivered to l	Registration in person at the conventionDate:	:
Member Signature	•	
Member Signature	Date:	
Member Signature	Date:	
Member Signature	Date:	
Member Signature Daytime phone number (in case of questions) Contact email (in case of questions):	Date:	