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 40 REQUEST FORM FOR MEMBERSHIP TRANSFER

Please transfer my membership for the current Norwescon, #40 (2017),

	FROM		
Name:			
Address:			
	State/Prov:		
	<u>TO</u>		
lame:			
City:	State/Prov:	Zip:	
Birthdate: /	/		
may be sent by mail prior convention.	to the pre-registration cutoff date, o	or delivered to Regist	ration in person at the
Member Signature:		Date:	//
Daytime phone number (	in case of questions):		
Contact email (in case of	questions):		
,			
Registration Use O	nly:		
Date received by No	orwescon Registration:/	_/	
Date Member was	notified by ( e-mail / mail ) that the re	ollover is in effect:	/ /