

NC SWIMMING NON-ATHLETE/COACH TRANSFER OR CHANGE OF INFORMATION FORM

Transfer-In from anoth Transfer from one club Change of Information	to another in the same	LSC			
MEMBERSHIP TYPE (Circle One): Individual Family			Life		
Previous LSC (Cl	ub Name or UN)				
Last Name	Legal First Name		Middle Name		
Preferred Name	Sex	Sex USA		Swimming ID#	
Circle all that apply: Coac (Coach Members new to NC: Att IF YOU HAVE A FAMILY	each current copies of Safety	Certifications)	Official nes for second	Other family mem	
Last Name	Legal First Na	Legal First Name		Middle Name	
Preferred Name	Sex	Sex USA		#	
Circle all that apply: Coac (Coach Members new to NC: Att INFORMATION TO CHA	each current copies of Safety		Official	Other	
Mailing Address/City/State	/Zip				
Home Phone E-Mail Address:	Work Phone		Cell Phone		
E-Mail Address (second far	nily member):				
Transfer Membership to or Maintain Membership in			_	_LSC	
Transfer Affiliation (Club o	r UN) to or Maintain At	ffiliation (Clu	b or UN)		
Signature of Applicant	gnature of Applicant Date of Reques		to Transfer or (Change	

Information