

INFORMATION CHANGE FORM



Association:	Registrar:	Date:
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If registering a late or new member, the appropriate documentation must be attached to this form. Send payment of fees per guidelines.

1. CHANGE OF INDIVIDUAL INFO.			IFO.				POSTAL	PHONE	
Late?	Chng?	New?	Team #	ORA#	(last) NAME (first)	CHANGE OF: ADDRESS?	CITY?	CODE?	NUMBER?

Use Section 2 to list changes made involving members who have been previously registered during this season on another TRF.

2. CHANGE OF TEAM INFORMATION		Team # Member Deleting From		Team # Member Adding To				
ORA#	(last) NAME (first)	(or division/level/if # unknown)			(or division/level/if # unknown)		Reason For Change	
3. CHANGE OF BENCH STAFF		Team #?				Name of Bench Staff	If (NAME) already on a	
ORA#	(last) NAME (first)	(or div/lev)	Bench Position?	Qualifications?		being replaced, if any?	TRF(s), which one(s)?	