

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

Transfer-In from an Transfer from one c Change of Informat	lub to another in the s	ame LSC			
MEMBERSHIP TYPE (Circle One): Individua	al Fam	ily	Life	
Previous LSC	(Club Name or UN)				
Last Name	Legal First Nan	Legal First Name		Middle Name	
Preferred Name	Sex	Sex USA		Swimming ID#	
Circle all that apply: Co (Coach Members new to NC: IF YOU HAVE A FAM	Attach current copies of S	Safety Certific	cations)	Official	Other I family member:
Last Name	Legal Fir	Legal First Name		Middle Name	
Preferred Name	Se	ex –	USA Sv	vimming II	 D#
Circle all that apply: Co (Coach Members new to NC: INFORMATION TO CH	Attach current copies of S	Safety Certific		Official	Other
Mailing Address/City/St	ate/Zip				
Home Phone E-Mail Address:	Work Phone			Cell Phone	
E-Mail Address (second	family member):				
Transfer Membership to or Maintain Membership in					_LSC
Transfer Affiliation (Clu	b or UN) to or Mainta	in Affiliati	on (Club c	or UN)	
Signature of Applicant Date of Request Information			1	Transfer or	Change