



Anime Fusion Membership Transfer Form

Quad Cities Anime, Anime Fusion Registration
1730 New Brighton Blvd. #117, Minneapolis, MN 55413

af_reg@animefusion.net

Section A: Original Registrant

Last Name

First Name

Middle Name or Initial

Mailing Address

Apartment Number

City

State

Zip Code

Phone Number

E-Mail Address

Badge Name

Birth Date (MM/DD/YYYY)

Section B: New Registrant

Last Name

First Name

Middle Name or Initial

Mailing Address

Apartment Number

City

State

Zip Code

Phone Number

E-Mail Address

Badge Name (if blank, we will use first name)

Birth Date (MM/DD/YYYY)

Emergency Contact Information – Required if new registrant is under 18 years of age

Full Name

Phone Number

Relationship

Authorized Signature

I acknowledge that once the transfer is processed, it's ownership will be transferred to the individual in Section B above and I will no longer have any rights to it and the person in Section B will be able to pick up the badge.

Signature of Owner (This form will not be processed without signature)

Date