



# Anime Fusion Membership Transfer Form

Quad Cities Anime, Anime Fusion Registration  
1730 New Brighton Blvd. #117 , Minneapolis, MN  
55413 [af\\_reg@animefusion.net](mailto: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, its 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