

Date			
AMERICAN ASSOCIATION FOR NUDI Attn: Membership Department 1703 North Main Street, Suite E Kissimmee, FL 34744-3396	E RECREATION		
Dear Membership Department:			
This is a request to transfer my/our basic m	nembership from		
Please notify my/our former club of my/ou	r decision and adjust your records accordin	gly.	
Thank you,			
(signature)	(signature)		
(print name)	(print name)		
AANR No	AANR No		
during the current period of membership the This form is not necessary if the transfer of	s) fill out and sign above when a transfer of arough another club or directly through AAl ccurs at the expiration of a previous member form accompanies the request from the club	NR.	
For use of Certifying Officer only: Were Dues submitted with transfer?Yes		(signature of Certifying Officer)	
NoUse available creditProrate to expire on		orint name)	