

Name Change Request Form

Complete the information below and include at least one copy of Government issued Identification (ID), e.g. Canadian passport, Driver's License, Provincial Health Care Card, for the person requesting the name change. The ID must bear the new name being requested on this form.

Please provide a brief reason why the name change is being requested:

Name of Individual Requesting the Name Change: _____

Primary Phone: _____

If the request is for someone other than the individual requesting the change, please provide relationship (e.g. parent, spouse) _____

Request to Change Name

Current Name of Member on file: _____

New Name for Member: _____

Date Name Changed: _____

AEF Membership Number: _____

Mailing Address: _____

Email Address: _____

Primary Phone: _____

Date of Birth (YYYY/MM/DD) _____

Are you a Certified Instructor/Coach/Official? _____

Printed Name

Signature

Date

Forward this form and copy of Government issued ID to:

Attention: Membership Coordinator
120, 251 Midpark Blvd SE
Calgary, AB T2X 1S3
Fax: 403.252.5260
membership@albertaequestrian.com