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## CHANGE OF NAME AND/OR CONTACT INFORMATION

This is to inform you that I have a new: (check all boxes that apply)								
[	] name	[	] address	[ ] tele	ephone number(s)	[ ] email	address	
replace my previous information:								
name:								
ad	dress:							
tel	ephone #(s):							
Н	ome:		Cel	1:	Work:			
en	nail:							
with the following <b>new</b> information:								
na	me:							
ad	dress:							
telephone #(s):								
Н	ome:		Cel	1:	Work:			
email:								
I am currently AFPA certified: [ ] YES [ ] NO								
submit completed form by:								
[	[ ] mail to: AFPA, P.O. Box 214, Ship Bottom, NJ 08008							
Г	<b>or</b> 1 email to: afpa@afpafitness.com (note email subject line: Change of Information Notification)							