



## Membership Upgrade/Downgrade Form

Member Name \_\_\_\_\_

Membership Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Fax Transmission Data

To: AFST (336) 854-7909

From: \_\_\_\_\_

Fax #: \_\_\_\_\_

# Pages: \_\_\_\_\_

### Membership Upgrades

Membership Upgrades must be received by the 15th to post for the following month. Upgrades will not be retroactive. Membership Upgrades require 1 year of dues paid in advance. Please return membership cards with this form in order to receive new cards. This request will be processed upon return of form and cards.

### Membership Downgrades

Membership Downgrades must be received by the 15th to post for the following month. Downgrades will not be retroactive. Membership Downgrades require 1 year of dues paid in advance. Please return membership cards with this form in order to receive new cards. This request will be processed upon return of form and cards.

I, \_\_\_\_\_, at this time request to change my Membership Type.  
(Print Name)

\_\_\_\_\_  
Current Membership Type

\_\_\_\_\_  
New Membership Type

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### *Office Use Only*

Member Name \_\_\_\_\_

Membership Number \_\_\_\_\_

Membership Type \_\_\_\_\_

New Membership Type \_\_\_\_\_

Date Effective \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_