



## CHANGE OF ASSOCIATION / BOARD CONTACT

Association / Board \_\_\_\_\_

Sport \_\_\_\_\_

\_\_\_\_\_  
Name of New WOA Contact

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Other Phone

\_\_\_\_\_  
Email

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of local Association/Board President \_\_\_\_\_

Date \_\_\_\_\_