



## REQUEST FOR FIE LICENSE

PLEASE PRINT ALL INFORMATION

NAME \_\_\_\_\_

USFA MEMBERSHIP # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ (Area Code) FAX \_\_\_\_\_ (Area Code)

E-mail address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MON DAY YEAR

PASSPORT # \_\_\_\_\_ EXP DATE \_\_\_\_\_

COUNTRY ISSUING PASSPORT: \_\_\_\_\_

COUNTRY YOU ARE REPRESENTING IN COMPETITION: \_\_\_\_\_

**Enclose picture page of passport.**

**Check One:** Athlete ☐ Referee ☐ Commission Mbr ☐

**ENCLOSE \$25 ANNUAL FEE FOR 2000-2001 FIE LICENSE, Payable to USFA :**

**Check One:** AMEX ☐ Discover ☐ Visa ☐ MasterCard ☐

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Name on Credit Card** \_\_\_\_\_

**Signature** \_\_\_\_\_

**RETURN COMPLETED FORM WITH PAYMENT TO:**

**U.S. FENCING  
ONE OLYMPIC PLAZA  
COLORADO SPRINGS, CO 80909  
FAX: 719/632-5737**