## REQUEST FOR REPLACEMENT OF CURRENT TITAB REGISTRATION CARD

TITAB REGISTRATION NUMBER: TNAME:ADDRESS:_	
SIGNATURE:	
Please explain why you need	a new registration card –
☐ CHEQUE / MONEY ORDER PAYABLE TO ' <b>TITAB</b> ' <u>OR</u>	ENCLOSED FOR <u>\$15.00</u>
□ PAY BY CREDIT CARD:	
□ VISA □ MASTER CARD	□ AMEX
CARD NUMBER:	EXPIRY DATE: <b>/</b>
AMOUNT: <b>\$15.00</b>	
NAME ON CARD:	DATE:
SIGNATURE:	_

\*\*PLEASE EMAIL/MAIL OR FAX THIS FORM TO THE ADDRESS BELOW\*\*