



Name Change Application

1. Current Information

Name (Current name on file with AFPA)

Street Address

City

State

Zip

Email Address

Home Phone

Cell Phone

2. New Information

Name (New name you would like on file with AFPA)

Street Address

City

State

Zip

Email Address

Home Phone

Cell Phone

3. To accommodate your request you must provide a copy of one form of documentation regarding your legal name change. Without a valid document will be unable to accommodate your request. Please include a copy of one of the following:

- Marriage License
- Current Photo Driver License, Photo ID Card, or Photo Military ID; and a copy of the old ID.
- Notarized declaration of name change.
- New Passport; and copy of old

Your request may be mailed, faxed or scanned and emailed to AFPA. Please be sure to include the application with requested documents for timely processing. Please note there is no charge for Name Change, however if you wish to received new credentials with your new name you will need to complete the Duplicate Credential Application. There is a \$25.00 fee to issue duplicate credentials.

Mail: AFPA 1601 Long Beach Blvd. P.O. Box 214 Ship Bottom, NJ 08008

Fax: AFPA 1.609.978.7583

Email: afpa@afpafitness.com

Questions? Please let us know by calling AFPA 1.800.494.7782

AFPA | American Fitness Professionals & Associates
1601 Long Beach Blvd. | P.O. Box 214 | Ship Bottom | NJ | 08008
1.800.494.7782 | Local: 609.978.7583 Fax: 609.978.7582
Email afpa@afpafitness.com
www.afpafitness.com