

PO BOX 3967 CROSSVILLE, TN 38557-3967

Phone: (931) 787 - 1234 Fax: (931) 787 - 1200

(Please print or type) I,	, am a resident of the United
States, and intend on remaining so for the forest	, am a resident of the United seeable future. I understand the USCF terms of residency
and agree to abide by them.	
USCF ID #	
Name (First, Middle Initial, Last)	
Address	
Telephone #H	Work #
Email Address	
Date legally arrived in the United States (Shou	ld match date on accompanying documentation)
Former country	Date of Birth
If under the age of 20, submit proof of enro	llment in a U.S. school (if enrolled)
	g documents from the U.S. Immigration and al status in the United States. Please check which tion you are submitting as proof of legal residency
I am a holder of a resident alien (green) ca	rd
	orary resident under provisions of Section 245A(a) (1) t (Title 8 of the U.S. Code, Section 1255A (a)(1))
I have been admitted to the U.S. as a refug and Naturalization Act (Title 8 of the U.S	gee under provisions of Section 207 of the Immigration . Code, Section 11157)
I have been granted asylum by the U.S. Go Immigration and Naturalization Act (Title	overnment under provisions of Section 208 of the e 8 of the U.S. Code, Section 1158)
I am submitting other documentation (plea	ase describe)
Signature	Date

You must also fill out the FIDE form, which will be submitted to FIDE