



Member Information Change Form

Use this form to advise the Board office of changes or corrections – Please print clearly.

Member Information:

Last Name	First Name	Social Insurance Number (SIN)
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1. Change of Home Address:

Street No. & Name	Apt. No	City/Town	Province
Postal Code	Telephone No. / Email Address		Effective Date of Change (YYYY/MM/DD)

2. Change / Correct Name:

From: Last Name	First Name
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To: Last Name	First Name
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3. Correct Date of Birth:

Year YYYY	Month MM	Day DD	Attach proof of birth (Birth Certificate, Canadian Citizenship Card, Valid Canadian Passport, Permanent Resident Card, or Valid Driver's Licence)
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4. Change in Social Insurance Number:

From	To
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MEMBER COMPLETED FORM – SIGN HERE	EMPLOYER COMPLETED FORM – SIGN HERE
<hr/> Member's Signature	<hr/> Employer's Name / Email Address
<hr/> Date / Phone Number	<hr/> Date / Phone Number