

MEMBER UPDATE

Member # _____ Effective Date _____

Name _____

Name Changes CAN NOT BE PROCESSED with this form.
Please have the MEMBER contact the ADMINISTRATION OFFICE at 204-268-1805

MAILING Address _____

Birthdate _____ / _____ / _____
 YYYY MM DD

SIN # _____
 required by Revenue Canada for T4 A

Phone # _____

Info taken by _____
MUST be signed by staff member taking the update

MEMBER UPDATE

Member # _____ Effective Date _____

Name _____

Name Changes CAN NOT BE PROCESSED with this form.
Please have the MEMBER contact the ADMINISTRATION OFFICE at 204-268-1805

MAILING Address _____

Birthdate _____ / _____ / _____
 YYYY MM DD

SIN # _____
 required by Revenue Canada for T4 A

Phone # _____

Info taken by _____
MUST be signed by staff member taking the update