



# ACTRA Toronto Member Address Change Form

Please print all information. It is ACTRA's policy to maintain members' home addresses in the membership database.

Membership Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name or Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Insurance Number (SIN #) \_\_\_\_\_ HST Number (if applicable) \_\_\_\_\_

Home address: \_\_\_\_\_

(Apt/Suite #) (Street #) (Street Name)

(City) (Province) (Postal Code)

Home # \_\_\_\_\_

Cel. # \_\_\_\_\_

Agency/Bus. # \_\_\_\_\_

Fax # \_\_\_\_\_

Pager # \_\_\_\_\_

Other # \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
Member or Guardian Signature (Day) (Month) (Year)

\_\_\_\_\_  
ACTRA Toronto Staff Signature (Day) (Month) (Year)

## ACTRA Toronto

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