



ACTRA Toronto Member Change of Name Form

Please print all information.

Legal Name Change

FROM:	TO:
First Name: _____	First Name: _____
Middle Name or Initial: _____	Middle Name or Initial: _____
Last Name: _____	Last Name: _____

Stage Name Change

FROM:	TO:
First Name: _____	First Name: _____
Middle Name or Initial: _____	Middle Name or Initial: _____
Last Name: _____	Last Name: _____

Signature : _____ Date

Membership Number: _____

Address: _____

Witness Signature : _____
(Day) (Month) (Year)

ACTRA Toronto

625 Church Street, Toronto, ON M4Y 2G1
T 416.928.2278 or toll-free 1.877.913.2278
F 416.928.0429 E info@actratoronto.com
www.actratoronto.com