



## BURNABY TEACHERS' ASSOCIATION MEMBER CHANGE OF INFORMATION FORM

I am a member of the Burnaby Teachers' Association and I hereby request and authorize the change of my information as of:

Date: \_\_\_\_\_

### PLEASE PRINT

Legal Name: \_\_\_\_\_ School: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Former Name: \_\_\_\_\_

Position:            Active            TOC            LOA            **(please circle one)**

New Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Former Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Former Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Old H Phone: \_\_\_\_\_ Old C Phone: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* If any of your information has changed, please fill out this form or Email ([bta3@bctf.ca](mailto:bta3@bctf.ca)) with the updated information for our files. Thank you.**