



# Burnaby Teachers' Association

## Member Change of Information Form

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**POSITION:** \_\_\_ACTIVE \_\_\_TOC \_\_\_ADULT EDUCATOR \_\_\_LOA

**CHANGE:** \_\_\_NAME \_\_\_ADDRESS \_\_\_PHONE \_\_\_EMAIL

### NAME CHANGE:

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

### ADDRESS CHANGE:

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHONE NUMBER CHANGE:

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

### EMAIL ADDRESS CHANGE:

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Return this form, when complete, to [bta3@bctf.ca](mailto:bta3@bctf.ca). Thank you.