



## CHANGE OF ADDRESS FORM

**Employee Name:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_ **Union Local:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Secondary Phone Number:** \_\_\_\_\_

**Email Address (optional)** \_\_\_\_\_

**Mailing Address:**

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**Postal Code:**

**Home Address (if different from mailing address):**

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**Postal Code:**

**Effective Date of Address Change:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

Submit the completed form via one of the following options:  
Fax to (604) 253-1535, e-mail to 'dispatchadmin@bcmea.com' or submit in person to Amanda Trimble at the Dispatch Office located at 1430 Franklin Street, Vancouver, BC V5L 1N9