



## CHANGE OF ADDRESS FORM

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

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

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

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

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

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **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 'tcrone@bcmea.com' or submit in person to Tara Crone at the Dispatch Office located at 1430 Franklin Street, Vancouver, BC V5L 1N9