



ACTRA

ACTRA Maritimes
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Change of Information Form

First Name: _____ Last Name: _____
ACTRA #: _____ SIN: _____
Date: _____ GST #: _____

PLEASE NOTE CHANGE OF

- Address: _____
City: _____ Province _____ Postal Code _____
- Telephone: _____ (fax) _____ (o) _____
- E-mail address: _____
- Agent: _____ Agent phone: _____
Agent address: _____

- Mailing info:
 - Mail to Home / Cheque to Agent
 - Mail & Cheque to Home
 - Mail & Cheque to Agent

I, _____ ,
do hereby authorize the update of the info provided above.

Signature of Member

ACTRA Signature