



MEMBER INFORMATION UPDATE

Member #: _____ Name: _____

Please fill in the information you need changed.

Member Name: _____

Joint Member: _____ Cell phone _____

Address: _____

_____ Postal Code _____

Home Telephone: _____ Work Telephone: _____

Cell phone: _____ Email: _____

Other: _____

Member Signature: _____

Date: _____

Received by: _____

Date: _____

If there is a change in membership status due to a family break up we will require an additional letter including instructions on how the shares are to be divided.

This letter must be signed by both members.

(For office use only)	Updated by	Date
Direct Charge	_____	_____
SIN Update	_____	_____
Vista	_____	_____
Gas Bar	_____	_____