



MEMBERSHIP RECORD CHANGES

Submitted by: *(Fill in pls)* _____

Date: _____

LEC Position: _____

Phone: () _____

E-mail: _____

LSR (Staff Rep): _____ Reg. Office: _____

..... NOTE: MAKE CHANGES based on most updated quarterly local listings only.

Please make the following changes for: Mr. Mrs. Ms. Miss Dr. Prof.

NAME: _____

Change to: _____

Employee ID / UNION No. _____ LOCAL: _____ NEW LOCAL: _____

NEW ADDRESS: _____ APT: _____

CITY/TOWN: _____ POSTAL CODE: _____

NEW HOME PHONE: () _____ CELL PHONE: () _____

HOME E-MAIL OR SECURE E-MAIL ADDRESS : _____

NEW BUSINESS PHONE: () _____ EXT. _____

NEW WORK LOCATION: _____

TERMINATED – EFFECTIVE DATE: _____

- REASON:
- Termination/Permanent Layoff
 - Quit/Resigned
 - Excluded (Permanent Management Transfer)
 - Retired
 - Deceased
 - Other Please specify: _____

TEMPORARY LEAVE – EFFECTIVE DATE: _____

- REASON:
- Temporary Layoff/Seasonal
 - WSIB/LTIP
 - Maternity/Parental Leave
 - Other – Please specify: _____

Additional Information: _____

Date of Reinstatement if on Temporary Layoff/Seasonal: _____