



**Municipal  
Pension  
Retirees'  
Association**

With age, wisdom & power

**Office Use Only**

Member's No: \_\_\_\_\_

Spouse's No: \_\_\_\_\_

District No: \_\_\_\_\_

**CHANGE OF MEMBER INFORMATION FORM**

Mail To: Municipal Pension Retirees' Association, 2475 Dobbin Road, Unit 22-Suite 525, West Kelowna, BC V4T 2E9

**Name:** (please print) \_\_\_\_\_  
(Surname) (Use Legal First Name (not nickname)) (Middle Name)

**Member Number:** \_\_\_\_\_ **District:** \_\_\_\_\_  
(from membership card)

**Old Address Information**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone Area Code:** (\_\_\_\_) **Home:** \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**New Address Information**

(please fill-in all sections)



**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone Area Code:** (\_\_\_\_) **Home:** \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**My change of information is effective:** \_\_\_\_\_  
(give date of change)

\* The personal information provided to the MPRA in this form will be kept confidential and will only be used for MPRA membership purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form to:

**MPRA, Municipal Pension Retirees' Association  
2475 Dobbin Road, Unit 22-Suite 525, West Kelowna, BC V4T 2E9**

email: [mpra@shawbiz.ca](mailto:mpra@shawbiz.ca) web page: [www.mpra.ca](http://www.mpra.ca) phone 250-768-1519