



ALBERTA OCCUPATIONAL HEALTH NURSES' ASSOCIATION

Change of Address Form

Please complete and return this form if any of your contact information changes.

Last Name: _____ First Name: _____

New Home Address: _____

City: _____ Prov: _____ Postal Code: _____ - _____

Home Phone: (____) _____ - _____

Home Fax: (____) _____ - _____

Home Email: _____

Employer: _____

Work Phone: (____) _____ - _____

Work Fax: (____) _____ - _____

Work Email: _____

**Fax the completed form to 1-888-477-2592, Attention: Provincial Treasurer
Or email the above information to treasurer@aohna.ab.ca**

Important: Please ensure the accuracy of your work and/or home email address as communication to the membership at the provincial and chapter levels increasingly relies on electronic modes of communication to deliver services.