



Retired Members Division Information Change Form

Is the member still residing at this address? Yes No

Full name: _____

Union #: _____ Date of retirement: (mm/dd/yyyy) _____

New address if applicable:

Home phone: _____ Cell phone: _____

Email: _____

Local #: _____ Region (1 - 7) _____

OPS BPS CAAT Academic CAAT Support LBED

If you do not wish to continue receiving Autumn View please let us know.

Comments:

Please mail to: OPSEU Head Office, attention Equity Unit, 100 Lesmill Road, Toronto, ON M3B 3P8.

Fax: 416 443-1762

e-mail: equity@opseu.org