



# Manitoba Child Care Association

## CHANGE OF MEMBER INFORMATION



Please return this form to MCCA as soon as a change occurs. Use one form for each member.  
 Photocopy this form for future use or download a copy from our website. [www.mccahouse.org/join\\_mcca.htm](http://www.mccahouse.org/join_mcca.htm)

### MEMBER INFORMATION

Member Name: \_\_\_\_\_ MCCA#: \_\_\_\_\_

Centre Name: \_\_\_\_\_ MCCA Centre#: \_\_\_\_\_

### INFORMATION CHANGE

Change of Name/Home Address/Phone: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Change of Membership Category: \_\_\_\_\_ Effective Date: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Transfer my membership to:

\_\_\_\_\_ Effective \_\_\_\_\_  
 (centre)

- Region:  Central  Eastman  Interlake  Norman  
 Parklands  South Central  Thompson  Westman  
 Winnipeg

Cancel my membership\* \_\_\_\_\_ Effective Date: \_\_\_\_\_

**\*Note: While on maternity leave or short term disability, you must maintain MCCA Individual membership if you continue on our Health Source Plus Benefits Plan.** If you do not continue on this plan, you may transfer to the Associate category.

**WAIVER:** I understand that cancellation of my MCCA Individual membership automatically disqualifies me from participating in the Health Source Plus Group Benefits plan if applicable.

SIGNATURE OF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE OF CENTRE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_



**Manitoba Child Care Association**  
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 Visit us online at [www.mccahouse.org](http://www.mccahouse.org) to view MCCA's Privacy Policy  
 Statement on protection of members personal information.

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date Received: _____</p> <p>Entered Changes: _____</p>
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