

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.

SECTION A MEMBER INFORMATION

Member Name: _____ MCCA#: _____

Centre Name: _____ Centre MCCA #: _____

SECTION B INFORMATION CHANGE

Change of Name/Home Address/Phone: _____ Effective Date: _____
(Record only the change)

Member Name: _____

Home Phone: _____ Email: _____

Home Address: _____

City/Town: _____ Postal Code: _____

Change of Membership Category: _____ Effective Date: _____

From: _____ To: _____

Transfer my membership to: _____ Effective Date: _____
_____ (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 Professional or Assistant membership if you continue on our Great West Life Group 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 Professional/Child Care Assistant membership automatically disqualifies me from receiving MCCA Great-West Life Group Benefits.

SIGNATURE OF MEMBER: _____ DATE: _____

SIGNATURE OF CENTRE DIRECTOR: _____ DATE: _____



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Email: info@mccahouse.org Visit us online at www.mccahouse.org to view MCCA's Privacy Policy Statement on protection of members personal information.

FOR OFFICE USE ONLY
Date Received: _____
Entered Changes: _____
Great-West Life notified of termination: _____