



Manitoba Child Care Association **CHANGE OF MEMBER INFORMATION**



Please return this form to MCCA as soon as a change occurs. You can mail, fax or email.

Use one form for each individual member. Photocopy this form for future use or download a copy from our website. www.mccahouse.org/ointhemcca

MEMBER INFORMATION

Member Name: _____ MCCA#: _____

Centre Name: _____

INFORMATION CHANGE

Change of Name/Home Address/Phone/Email

Effective Date: _____ Name: _____

Home Address _____ City _____ Postal Code _____

Primary Phone: _____ Email: _____

Change of Membership Category from: CCA to ECE _____ Effective Date: _____

Part time to Full time or Full time to Part Time

From: _____ To: _____

Transfer my membership to:

_____ Effective _____

(centre)

Region: Central Eastman Interlake Norman

Parklands South Central Thompson Westman

Winnipeg

Cancel my membership*

Effective Date: _____

Reason for terminating: _____

***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 receiving Group Benefits if applicable.

SIGNATURE OF MEMBER: _____ DATE: _____



Manitoba Child Care Association

2nd Floor, 2350 McPhillips Street, Winnipeg, MB R2V 4J6

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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 : _____

Date Entered: _____