



## Change Of Address Request Form

---

First Name:

Last Name:

Member Number:

---

### Current Shipping Address (Address we have on file)

Apartment #

Street  
Name:

Postal Code:

City:

Province:

Country:

---

### New Shipping Address

Apartment #

Street  
Name:

Postal Code:

City:

Province:

Country:

---

### Contact Information

Telephone

Email

---

### Certification

I certify that the information given on this form is correct.

Signature:

Date: