



Membership Record Changes Form

Submitted by: _____ Date: (mm/dd/yyyy) _____
 LEC position: _____ Phone: _____
 Email: _____
 LSR (Staff Rep): _____ Regional Office: _____

Note: Make Changes based on most updated quarterly local listings only.

Please make the following changes for: Mr. Mrs. Ms. Miss Dr. Prof.

Member name: _____
 Change name to: _____
 Employee ID / Union No. _____ Local #: _____ New local #: _____
 New address: _____ Apartment #: _____
 City: _____
 Province: _____
 Postal code: _____
 Home phone: _____ Cell phone: _____
 Secure email: _____
 Work phone: _____ Work phone extension: _____
 New work location: _____

Terminated - effective date: _____

Reason for termination:

- Termination/Permanent layoff
- Deceased
- Quit/Resigned
- Retired
- Excluded (Permanent transfer to management)

Other (please specify) _____

Temporary Leave - effective date: _____

Reason for temporary leave:

- Temporary/seasonal layoff
- WSIB/LTIP
- Maternity/Parental Leave

Other (please specify) _____

Additional Information: _____

Date of reinstatement if on Temporary/seasonal layoff: _____

Complete form and forward to your OPSEU Regional Office.