



ONTARIO COALITION OF INDIGENOUS PEOPLES

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Change of Contact Details Form

1. PERSONAL INFORMATION (Please Print)
Name Last/Surname First Middle
Name at Birth Date of Birth Year / Month /Day Place of Birth

Old Contact Details

2. CONTACT INFORMATION (Please Print)
Address No, Street, Apt, RR, PO Box City/Town Province Postal Code
Phone No Home / Cell E-mail

New Contact Details

3. CONTACT INFORMATION (Please Print)
Address No, Street, Apt, RR, PO Box City/Town Province Postal Code
Phone No Home / Cell E-mail

I swear under oath that all the information provided by me in this Change of Contact Details Form, is true and correct and I understand that it is an offense to make fraudulent and misrepresenting statements.
I understand that this is a formal document of the "Ontario Coalition of Indigenous Peoples" and will be used to upgrade their records. It does not however upgrade my card and if I wish a new card it will be at the \$20.00 card renewal fee.
SIGNATURE: DATE: