

Mail to: OCIP Tim Denomme, Box 448, 4 Riviere, Verner, Ontario, P0H-2M0 e-mail: ocip.membership@gmail.com
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Change of Contact Details Form

1. PERSONAL INFORMATION (Please P	rint)				
NameLast/Surname					
Last/Surname	First			Middle	
Name at Birth	Date of Birth		_ Place of Birth _		
		Year / Month /Day	y		
Old Contact Details					
2. CONTACT INFORMATION (Please Pr	int)				
Address					
Address		City/Town	Province	Postal Code	
Phone No	_	E-mail			
Home / Cell					
New Contact Details					
3. CONTACT INFORMATION (Please Pr	int)			•	
Address					
No, Street, Apt, RR, PO Box		City/Town	Province	Postal Code	
Phone No	E-mail				
Home / Cell					
				•	
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.					
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 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:					