



Manitoba Child Care Association

CHANGE OF MEMBER INFORMATION



Please return this form to MCCA as soon as a change occurs. Use one form for each individual member. Photocopy this form for future use or download a copy from our website. www.mccahouse.org/jointhemcca

MEMBER INFORMATION

Member Name: _____ MCCA#: _____

Centre Name: _____ MCCA Centre#: _____

INFORMATION CHANGE

Change of Name/Home Address/Phone: Effective Date: _____

Name: _____

Home Address: _____

Home Phone: _____ Email: _____

City/Town: _____ Postal Code: _____

Change of Membership Category: Effective Date: _____

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 Health Source Plus Group Benefits if applicable.

SIGNATURE OF MEMBER: _____ DATE: _____



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 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: _____

Entered Changes: _____