

MAHTA Change of Address form

Please let us know whenever your address or place of employment changes:

Name: _____

Old Address: _____

City: _____

Postal Code: _____

Home Phone #:_()_____

e-mail: _____

Employer (former): _____

New Address: _____

City: _____

Postal Code: _____

Home Phone #:_()_____

e-mail: _____

New employer: _____

Effective Date of move/change of employer: _____

Please print this form and send to:

Manitoba Animal Health Technologists Association
6014 Roblin Blvd.
Winnipeg, MB R3R 0H4

Or

E-mail information to mahta@mts.net