

Due 10 days after change
(Please print)

 Electoral District Association

 Date

 Party Affiliation (if any)

Check Box		Old Information	New Information: Name, address, telephone, e-mail	Effective Date
<input type="checkbox"/>	Officer			
<input type="checkbox"/>	Official Agent			
<input type="checkbox"/>	Financial Institution			
<input type="checkbox"/>	Auditor			
<input type="checkbox"/>	Other			

Declaration
I declare, to the best of my knowledge and belief, that the information contained in this Form is complete, true and correct and is in compliance with the Elections Act.

 Date

 Print Name

 Signed by the Official Agent
