

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

CHANGE OF ADDRESS FORM

Name: _____

Registration No.: _____

- I wish to change my:
- Directory Address
 - Register/Legal Address*
 - Record Storage Address

From: Address: _____ _____ City: _____ Province/State: _____ Postal/Zip Code: _____ Telephone No.: _____ Fax No.: _____ E-mail Address: _____
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To: Address: _____ _____ City: _____ Province/State: _____ Postal/Zip Code: _____ Telephone No.: _____ Fax No.: _____ E-mail Address: _____
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To: Address: _____ _____ City: _____ Province/State: _____ Postal/Zip Code: _____ Telephone No.: _____ Fax No.: _____ E-mail Address: _____
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Signature

* Under Section 21 of the *Health Professions Act*, the register must contain the name and address of every registrant. Further, under S. 22, the register must be open to inspection by any person. The address on the Register and Limited Register is your legal address for the purpose of S.54(1)(a) of the *Health Professions Act*. The Register address will be used for all mailings and formal notices from the College. Post office boxes are not acceptable.

