



CHANGE OF ADDRESS FORM

NAME _____

E-MAIL _____

POSTAL ADDRESS (WORK OR HOME – INCLUDE ORGANIZATION IF USING WORK ADDRESS)

TELEPHONE _____
(WORK OR HOME)

MAIL TO: 207 Bank Street, Suite 237
Ottawa, Ontario K2P 2N2

FAX TO: 613-833-0905

E-MAIL TO: info@ciapp.ca