ALBERTA OPTICIANS ASSOCIATION

CHANGE OF ADDRESS FORM

Registrants are required to notify the Alberta Opticians Association (AOA) of any changes in address **in writing**

Please fill out this form and submit it to the AOA by mail, fax or email. It is the registrant's responsibility to report address changes as soon as possible.

Both home and business addresses are mandatory.

Registrant's Name: _____
First Middle Last

License Number: _____

Home Address: _____
Apt # Street Number and Name

_____ _____
City Prov. Postal Code

_____ _____ _____
Home Phone Home Fax E-mail

This home address is effective starting on: _____
YYYY / MM / DD

Work Address: _____
Business Name

_____ _____
City Prov. Postal Code

_____ _____ _____
Home Phone Home Fax E-mail

This work address is effective starting on: _____
YYYY / MM / DD

Are you the manager? Yes ☐ No ☐

If not, indicate the manager's name: _____

Are you currently employed as a Registered Dispensing Optician or as a Registered Contact Lens Fitter Dispensing Optician? Yes ☐ No ☐

Registrant's Signature: _____ **Date:** _____