



Ontario Association of Veterinary Technicians

104-100 Stone Road West

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F) 519-836-3638

Notice of Address, Work or Name Change Form

Member # _____

First Name: _____

Last Name: _____

ADDRESS CHANGE

New Address: _____

City: _____

Province: _____

Postal Code: _____

Home Phone Number: _____

WORK CHANGE

Employer: _____

Employer Type: _____

Work Phone Number: _____

ext.: _____

Fax: _____

NAME CHANGE

Previous Name: _____

New Name: _____

It is your responsibility to ensure that your contact information at OAVT is current and accurate. Your Notice of Address, Work or Name Change Form can be mailed or faxed to the OAVT office.