

# UBCP/ACTRA

## BRANCH TRANSFER FORM

DATE: \_\_\_\_\_

I, \_\_\_\_\_  
(Print name)

\_\_\_\_\_  
**UBCP/ACTRA #**

Authorize the transfer of my membership from UBCP/ACTRA to the \_\_\_\_\_ Branch of ACTRA.

Please provide your new contact information below and email [membership@ubcpactra.ca](mailto:membership@ubcpactra.ca):

- a copy of this form
- proof of your new address (ie. Utility bill, drivers license)

We will notify you and your new home branch when transfer has been processed.

### NEW CONTACT INFORMATION

\_\_\_\_\_  
(Street Address) (City, Province, Postal Code)

\_\_\_\_\_  
(Email Address) (Home Phone Number)

\_\_\_\_\_  
(Cell Number)

\_\_\_\_\_  
(Talent Agency and Agent)

X \_\_\_\_\_  
**Signature of Member (or Legal Guardian if Member is a minor)**