

UBCP/ACTRA

CHANGE OF STAGE /LEGAL NAME FORM

In the event that any person who is a member of UBCP/ACTRA or ACTRA, has an identical name to the one provided below, I hereby agree to change my name in a manner acceptable to both the Union and me within thirty (30) days of receipt of such notice. I understand that the addition of a first and/or middle initial to an otherwise identical name shall not be considered a sufficient change.

STAGE NAME CHANGED FROM:

PLEASE PRINT

STAGE NAME CHANGED TO:

PLEASE PRINT

LEGAL NAME CHANGED FROM:

PLEASE PRINT

LEGAL NAME CHANGED TO:

PLEASE PRINT

NOTE: IF YOU ARE CHANGING YOUR **LEGAL NAME**, YOU MUST SUBMIT ONE (1) GOVERNMENT ISSUED NAME CHANGE DOCUMENT TO COMPLETE THE PROCESS.

SIGNATURE: _____

UBCP/ACTRA #: _____

DATE: _____

To complete the process send a signed fully executed copy of this form to membership@ubcpactra.ca. We will notify you when the change has been processed.