



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:

- 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)