



# MID ISLAND CO-OP

Mid Island Consumer Services Co-operative ♦ 100% Community Owned ♦ Socially Responsible

## Change of address &/or contact information

(Please send or drop off this form to the address at the bottom of this page)

Your name: \_\_\_\_\_ Membership # \_\_\_\_\_

### New contact information:

Your new address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of move or change: \_\_\_\_\_

### Old contact information:

Your old address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for keeping your contact information up-to-date. It is important that we can contact all of our member/owners and we appreciate you making that task a little easier for our staff.*

President