

TPWOF Contact Information Form

Member Address, Email and Phone Contact Information

Instructions:

Please complete all information below as TPWOF does not have an address on file for you. Your personal information is being collected for administrative purposes only. Return your completed Form to TPWOF.

First Name: <i>(Required)</i>	Last Name: <i>(Required)</i>	Badge Number: <i>(Required)</i>
Home Address and/or Mailing Address:		Date of Birth: <i>(Required)</i>
City, Province and Postal Code:	Home Phone #	Mobile Phone #
Email:	Email 2:	Email 3:
Member Signature:		Today's Date:

Office Purpose Only	
CEO Signature:	Approval Date:

Please return your updated Contact Information Form to the TPWOF office through internal mail or Canada Post to 2075 Kennedy Rd., Suite 200, Toronto, ON M1T 3V3 or electronically to admin@tpwof.ca.

If you have any questions, or to require a form to update your beneficiary or a name change, please download the form(s) from our website or call our office at 416-502-8711 or email us at admin@tpwof.ca.