



# British Columbia Art Therapy Association

101-1001 W. Broadway, Dept. 123, Vancouver, BC V6H 4E4 [www.bcarttherapy.com](http://www.bcarttherapy.com)

## CHANGE OF ADDRESS FORM

*Please note: BCATA correspondence will be sent to your mailing address, and we will publish your business address in the directory on the BCATA website.*

<b>NAME:</b> _____	<b>Memb. #</b> _____
Surname	First

<b>MAILING ADDRESS</b> ( <i>for BCATA contact purposes</i> ):	
Street Name/Number _____	
City, Province _____	Postal Code _____
Phone: (Home) _____	(Other) _____
Fax: _____	Email: _____

<b>BUSINESS ADDRESS</b> ( <i>this information will appear in the directory on the BCATA website</i> ):	
Street Name/Number _____	
City, Province _____	Postal Code _____
Phone: (Business) _____	Fax: _____
Email: _____	Website: _____
 <i>*Please sign here to indicate that you authorize the BCATA to publish your "business address" information in the directory on the website!</i>	
Signature: _____	Date: _____

**Please send to:**  
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