



Name/Address Change Form

This form is intended for use by those who are not under a current contract of employment. If you are a teacher currently under contract of employment, please fill out the Information Change Form which is available from your school or at www.stf.sk.ca.

Name: _____
LAST NAME FIRST NAME INITIAL

PLEASE CHOOSE ALL THAT APPLY:

- Associate Member Inactive Teacher Superannuated Teacher

Certificate Number: _____

- Portaplan Policyholder Policy Number: _____

(Portaplan Policyholders only: Does this change apply to anyone else in your household? If yes, please list on a separate sheet – or use the back of this form.)

- Surviving Spouse Other (please specify) _____

Name Change

From: _____
LAST NAME FIRST NAME INITIAL

To: _____
LAST NAME FIRST NAME INITIAL

Address Change

ADDRESS

CITY/TOWN PROVINCE POSTAL CODE TELEPHONE NUMBER

I confirm that the foregoing information is true, complete and accurate as of this date.

SIGNATURE: _____

DATE: _____

Mail or Fax this form to:

Saskatchewan Teachers' Federation
2317 Arlington Ave
Saskatoon SK S7J 2H8

Fax: (306) 374-1122