COWUMA MEMBERSHIP AMENDMENT FORM

FORM NO.: _____

A. MEMBER IDENTIFICATION

NAME OF OFFICER:	MEMBERSHIP NO.:
DATE OF BIRTH:	EMPLOYEE NO.:

B. AMENDMENT / CHANGE REQUEST

Please indicate the member information to be amended. Complete only the fields that require a change.

FIELD TO BE AMENDED	CURRENT DETAILS	NEW / CORRECT DETAILS
Name of Officer		
Date of Birth		
Employer		
Job Title		
Employee No.		
Department		
Work Address		
Work Telephone		
Fax		
Work E-mail		
Personal Mobile		
Personal Email		
Basic Pay		
Employment Date		
Union Joining Date		
Other (specify)		

Reason for Amendment: _____

C. MEMBER DECLARATION

I confirm that the information provided above is true and correct. I request COWUMA to amend my membership records in accordance with the information provided in this form.

MEMBER'S NAME:	DATE:
MEMBER'S SIGNATURE:	MEMBERSHIP NO.:

D. OFFICIAL USE: Amendment verified by: _____ Date: _____ Sign: _____