

MCMURRAY METIS

BURSARY PROGRAM

NOTICE OF ADDRESS CHANGE

Please complete and mail or fax this form in when new address and phone number are known.

First Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: (____) _____

Cell: (____) _____

E-mail Address: _____

Date of Address Change: _____

Contact Information:

McMurray Metis

Attn: Bursary Committee

bursarycommittee@mcmurraymetis.org