



Change Of Contact Request

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PERSONAL IDENTIFICATION		
First name	Last name	Fellowship Number / Membership Number
Date of birth (mm-dd-yyyy)	Contact number	Email
School – CGA / GBC / VCC	Years attended:	From To

INFORMATION THE CGA WOULD HAVE ON FILE	
First name	Last name
Address	
Contact Number	E-Mail

WHAT INFORMATION YOU WOULD LIKE CHANGED	
First name	Last name
Address	
Contact Number	E-Mail

1. If this is a name change on the membership listing, then we require documentation showing your new name.
2. We will not charge if just a membership listing update. If you want your Credential papers changed there will be a charge and you must fill out the Duplicate-Credential Request form as well.
3. Please allow 2 weeks for your request to be processed from time of receipt.
4. You can submit this form by e-mail, mail or fax to the information listed above.